Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

2010-2011 Annual Report

"Together, Making a Difference"

We can

Integrity

Caring

Excellence

The Regional Health Authority – Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community.

Regional Health Authority Central Manitoba Inc. | Office régional de la santé du Centre du Manitoba inc.

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1 Letter of Transmittal and Accountability

September, 2011

Honourable Theresa Oswald
Minister of Health

Dear Minister:

On behalf of the Board of Directors of the Regional Health Authority – Central Manitoba Inc. (RHA Central), I respectfully submit our 2010–2011 Annual Report. The document was prepared under the Board of Directors' direction and in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. In compliance with appropriate legislative authority and government requirements, all material, economic and fiscal implications known as of March 31, 2011 have been considered in preparing the Annual Report.

We anticipate you will find this a comprehensive report of the 2010-11 achievements and direction of RHA Central, as we strive to be "as healthy as can be at a reasonable cost to the community".

Sincerely,

Denise Harder
Board Chair
Regional Health Authority – Central Manitoba Inc.

RHA Central Manitoba

Regional Health Authority
Central Manitoba Inc.

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2 Central Region

Central Region extends across more than 17,025 square kilometers of south-central Manitoba. With most of the Region lying within the prehistoric bed of Glacial Lake Agassiz, a relatively flat landscape stretches from the Red River Valley in the east rising with rolling hills to the Pembina escarpment on the western edge. From the U.S. border, the Region reaches up to Winnipeg in its northeast corner, and then follows the south-western edge of Lake Manitoba.

Four major rivers, the Red, Assiniboine, Boyne and Whitemud Rivers wind through the area and eventually into Lakes Manitoba and Winnipeg. While these are important and historic waterways, they are also prone to flooding. In the last decade, Red River and more recently Assiniboine River as well as Lake Manitoba flooding has caused significant social and economic disruption during widespread flooding in 1997, 2009 and 2011.

Long before the first settlers came to Central Region, ancient Mound-Builders left their burial and ceremonial mounds throughout the area to mark their passage. Other Aboriginal tribes followed them. As a major group of the Anishinabe people, the First Nation Ojibway tribes enjoyed the natural bounty of plentiful hunting grounds of the area relying on the buffalo herds to provide their basic survival necessities of food, shelter and clothing. Fishing and hunting of beaver, moose, deer and caribou also sustained their livelihood. As people from Eastern Canada and Europe came to a make a new life for themselves in this area, the Ojibway relied on the strength of their cultural identity to adapt to new conditions. Today, six First Nation communities are located within the boundaries of RHA Central's geography.

Central Region's diverse population is a story of pioneering and immigration which still continues today. Prior to 1870, early settlement had taken place along the Red River by the Métis and French and, in the Portage area, an important trading post was established. This was followed by a westward tide of English settlers from Ontario, French-speaking settlers from Quebec, and by substantial migration of Mennonites from Russia and over 60 Hutterite Colonies. Today, nearly 108,000 people live in Central Region. They represent a rich and varied heritage and reflect the early and newer settlements from Belgium, England, France, Germany, Holland, Iceland, Norway, Russia, Scotland, the Kanadiers, Native Canadians and Métis.

In Central Region there are:

6 First Nation communities

37 Rural Municipalities

approx. **6** persons per km^2 compared to **2** persons per km^2 in the province of Manitoba

In the 21st century, many of the day-to-day activities and yearly events continue to reflect the rich diversity of cultures, a prosperous agricultural land base, and related processing and service industries. There are many agricultural fairs, annual fall suppers, ball tournaments and festivals. Most native communities maintain a strong heritage, through celebrations like Pow Wows and traditional feasts. Other examples are the Austin Thresherman's Reunion and Museum, Sunflower Festival in Altona, the Corn and Apple Festival in Morden, the Big Morris Stampede and Ag Expo in Morris, the Portage Potato Festival and the Winkler Harvest Festival.

People enjoy numerous recreational and leisure activities. Sporting events are numerous: in/out door swimming, tennis, golfing on spectacular courses, wildlife sanctuaries, baseball, soccer and water-skiing. Camping, fishing and hunting are also popular. Winter activities include hockey, curling, in/outdoor skating, ice fishing, snowmobiling and cross-country skiing with miles of groomed trails and downhill skiing at La Rivière.

With 8.5% of Manitoba's total population, Central Region is the most populous of the province's rural and northern Health Authorities. There are 37 municipalities in Central Region and many towns and villages.

In Central Region:

The median age of residents is:

female **37.2**

male **34.9**

as compared to **38.1** for Manitobans

Approx. **58%** of residents aged 15 and over are married as compared to the provincial average of **50%**

Total mortality rates have **decreased** and are now **lower** than the provincial average.

The total # of schools is **104**

The total # of school divisions is **9**

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3 Together, Making a Difference

Transforming aspirations into achievements, in partnership with all stakeholders.

A message from the Board Chair and the Chief Executive Officer

> We invite partners to join us in achieving this vision. A collective approach will certainly afford us all more meaningful opportunities in the future.
>
> *"Together, Making a Difference"*

We are pleased to present the Regional Health Authority – Central Manitoba Inc.'s (RHA Central) Annual Report for the fiscal year 2010-11.

Like people, organizations such as RHA Central change over time. We mature and acquire different skills and competencies, we seek new knowledge and we pursue our hopes and aspirations for the future. While we celebrate progress each year, we aim to continue making a positive difference for the people and the communities we serve "so that people in our Region are as healthy as can be."

How can we make a difference? With inspiration, with thoughtful planning, with will and determination and most importantly with **You!** Our five-year strategic plan, *Vision 2016: Together, Making a Difference* is a manifestation of all of this and is a culmination of much effort by many. The cornerstone of the Plan is our statement of purpose and four over-arching Board ENDs and Board Strategic Priorities. It provides a framework for making insightful and innovative decisions about the ever changing health care needs in Central Region while keeping abreast of important local and global trends impacting our programs and services.

Most significant in Central Region is the rapidly changing demographic landscape and with it, the shifting portrait of our community's overall health. With 107,668 people as of June 1, 2010, RHA Central has the largest population of all rural and northern Manitoba Regional Health Authorities - second only to the Winnipeg Health Region in population. The rate of growth for Central Region in the last 14 years was one and a half times the provincial rate, (11.4%), an increase of 14,013 residents.

The rate of growth for Central Region in the last 14 years was 1.5 times the provincial rate at 11.4% (14,013 residents)

RHA Central has the largest population of all rural and northern Manitoba Regional Health Authorities - second only to the Winnipeg Health Region in population

Central Region's population is expected to grow by over 54% in the next quarter century

According to Statistics Canada, between 1996 & 2006, the population of RHA Central residents who self-identify as Aboriginal has grown by 44% (from 7,570 to 10,910) compared to the overall RHA Central growth rate of 7.2% in this time period. Manitoba comparison is 36% growth in Aboriginal population compared to 4.3% overall MB population.

While Central Region's population is expected to grow by over 54% in the next quarter century, it is critical that together we attend to the changing health needs of a growing and diverse community in a sustainable and timely fashion. Despite the effects of economically challenging times, we have effectively balanced our budget and remain in a strong financial position. As we move ahead, we continue to operate in a prudent and fiscally responsible manner. Vision 2016 is also an important accountability tool which will help monitor progress.

Meanwhile, day after day in Central Region, a team of caring and competent health care professionals continue to make a difference in the lives of thousands of people. With a staff of 3,801, RHA Central is the largest employer in the region. And making a positive difference is what our physicians, staff and volunteers do best. With the extraordinary challenges presenting in the last few years, they have demonstrated their amazing ability to respond to urgent demands as well as their exemplary commitment to supporting people and communities in need. In 2010, we continued to be preoccupied with the effects of the H1N1 pandemic outbreak. The spring of 2011 saw historical flooding levels occurring in all corners of our Region. The task to coordinate this planning was monumental and affected all parts of our organization. Through a shared sense of purpose and concerted efforts with our partners, we planned, took action and worked together in ensuring continued safe, quality health care.

Demonstrating a strong commitment to rural education, we continue to show success in attracting and retaining the best people in RHA Central. Employees and citizens living in RHA Central will now have the opportunity to take three levels of nursing education (health care aide, licensed practical nurse & bachelor of nursing) right here in the region. In partnership with the University of Manitoba (U of M), the Family Medicine Enhanced Distributed Education Centre at the Boundary Trails Health Centre provides medical residents and students an opportunity to engage in practical training. As well, the RHA Central hosted the 2010 University of Manitoba Family Medicine Residents Retreat in Portage la Prairie. Also, the Aboriginal Health High School Internship Program has successfully graduated students and some of these are moving on to employment and/or additional education. Many other innovative approaches are shown in the following pages.

With a growing population, the RHA Central recognizes the opportunity and the importance of partnering with the community to extend our reach and to build capacity across the Region. At the very heart of Vision 2016 is an acknowledgement that, to transform our aspirations into achievements, we need to work in partnership with all stakeholders. A collective approach in addressing the determinants of health offers greater opportunity for success and we know that our joint efforts can accomplish what no one entity could do in isolation. As the African proverb says, "If you want to go quickly, go alone: If you want to go far, go together."

The safety of our patients, residents and clients who entrust us with their care is paramount. With a focus on awareness, learning and innovation, the Board is actively engaged in its leadership role for sustainable, safe and integrated client-centred health care. We continue to build and create an organization-wide culture of safety that is manifested in all our practices, every single day.

Throughout the year, our core values of integrity, caring and excellence guided us in meeting the daily challenges as well as the needs of the future. Achievements were evident throughout the Region. Signing the Aboriginal Workforce Partnership Agreement with 23 partners such

as the First Nation, Métis communities, local, provincial and federal governments, health sector employee unions and other stakeholders was historic. The opening of a new building RHA Central EMS Station 14 in Altona, the announcement of a new 100-unit Tabor Home in Morden and a new 10-bed hospital as part of the health campus in Notre Dame de Lourdes and surrounding area were all celebrated. There are innumerable examples in the following pages that illustrate our commitment to quality care throughout the year.

We acknowledge the contributions of the Board, physicians, staff, volunteers and the community in making this another successful year. We are also forever mindful of the collaboration and the shared experiences we have had with our colleagues across the Province, with Manitoba Health and with Manitoba Healthy Living, Youth and Seniors.

The Annual Report is but a snapshot of a compelling story. The entire story unfolded throughout the year and the story is still being written. We invite you to join us. How far we go depends on all of us.

As we move forward, and the story unfolds, we hope that together ...

we are making a difference.

Sincerely,

Denise Harder
Chair

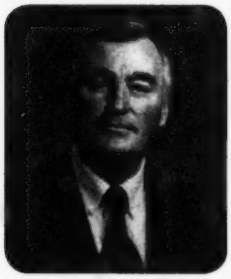
Kathy McPhail
Chief Executive Officer

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

4 Governance

Denise Harder Board Chair



Norbert Delaquis
Board Vice-Chair

Darlene Arnott
Portage la Prairie

The RHA Central is governed by a Board of Directors, members of which are appointed by the Minister of Health in accordance with provisions of The Regional Health Authority Act. The Board is responsible for implementing and establishing a sustainable, integrated regional system of health services by:

- Providing leadership in addressing the health needs of the population within the defined geographic boundaries of the Region;
- Assuming full Board responsibilities;
- Communicating effectively with management and the people in the Region; and
- Being accountable for directing the management and affairs of the Regional Health Authority.

The Board of Directors functions in accordance with its General By-laws and its Governance Policies that describe the governance processes and practices, responsibilities of the Board and Terms of Reference for committees. The Chair, appointed by the Minister of Health, convenes at least ten regular meetings of the Board in each fiscal year. As of April, 2011, the Board is working to operate with three (3) Committees that meet as "Committees of the Whole":

The Audit Committee:

- Prepares a slate of competent auditors from which the Board can choose. This includes developing the selection criteria, issuing the Request for Proposal (RFP), screening, interviewing and the subsequent performance management (including appraisal/ evaluation) as well as ruling out any conflict of interest.
- Develops specification of the scope of audit prior to external audit. This includes Board assurance that the external auditor's scope includes any Board policies for which the Board wishes the auditor to assess compliance.
- Develops and employs methods to provide the Board with knowledge of the degree to which the Board's financial policies are being met by management.
- Develops and employs methods to provide Board assurance that adequate fiscal accountability controls exist in the organization. This includes receiving the external auditor's report and having the Auditor carry out monitoring.

Carol Beaulieu
Portage la Prairie Term began April/11

Marie Buchan
Sanford Term ended March/11

Karen Dyck
La Salle Term began April/11

> Our strategic plan is inclusive of all people.
>
> Board Member
> RHA Central Manitoba

The Finance Committee:

- Advises and makes recommendations to the Board on the annual budget for operating revenues and expenditures for the ensuing fiscal year.
- Reviews and monitors the statement of operations and the financial position reports.
- Reviews and monitors the financial conditions and activities.
- Monitors the management of all Authority funds in accordance with relevant legislation, and policies established by the Board.

The Quality and Patient Safety Committee:

- Promotes and supports Board education related to governance standards and practices to improve quality, patient safety and innovation in health care.
- Develops, implements and evaluates a governance strategic plan relating to quality and patient safety.
- Recommends and monitors system-level performance measures/indicators of quality and patient safety.
- Monitors compliance with accreditation standards/required organizational practices and the implementation of recommended changes in quality and patient safety.
- Reviews critical incident reports and safety learning summaries in-camera and monitors actions taken to address recommendations for improvement in an effort to build a culture of safety and learning.
- Engages with patients to hear their stories.
- Monitors compliance with Executive Limitations through organizational risk assessments and mitigation strategies.

The Board also operates with two (2) Standing Committees:

The Policy Review Committee:

- Reviews all Board policies in accordance with the Board's Annual Governance Calendar. Additional policies may also be reviewed as required by the Board and/or Board Committees.
- Reviews By-Laws as required.
- Develops performance indicators for monitoring Governance Process and Board-CEO Linkage policies and reports back to the Board.

The Community Engagement & Partnership Committee:

- Plans community engagement and partnership activities in accordance with the Governance Strategy for inclusion in the Annual Governance Calendar.
- Plans for the Annual Public Meeting and Annual Report.
- Reviews the Board member recruitment process annually.
- Surveys Board members to determine interest to serve on Board committees and identify Board committee membership.
- Annually, at the inaugural Board meeting, presents composition of Board committees to the Board for approval.

In addition, the Board may establish and empower Ad Hoc and additional Standing Committees. Board Member Liaisons are also appointed to the Regional Medical Advisory Committee and to the Provincial Aboriginal Advisory Committee.

Board meetings are normally held on the fourth Wednesday of the month, the location moving throughout Central Region and they are open to the public. Agendas and minutes of the meetings are published on the RHA Central website.

In performing its job, the Board:

- Provides accountability for activities of the RHA Central to the residents of the Region and ensures that the organization is in compliance with the laws, rules and regulations that govern it.
- Develops written governing policies.
- Through monitoring, assures Chief Executive Officer performance is achieving expected results.
- Develops statements of principles and positions related to public policy which represent the health interests of RHA Central's residents.

In 2010-11, eleven Board Members oversaw the direction and management of the RHA Central establishing overall strategic direction for the organization in addition to reviewing the annual Health Plan and ensuring alignment of initiatives to Board ENDs. We acknowledge with thanks Marie Buchan who left the Board this year and recognize her many valuable contributions since 2009. The Board welcomes Karen Dyck and Carol Beaulieu as new members effective April 1st, 2011.

Elin Czeranko
Langruth

Barry Driedger
Carman

Board Performance

Together, Making a Difference. These words are very meaningful to us. Indeed, our critical mission is to make a difference in the health and wellbeing of those whom we serve "so that people in our Region are as healthy as can be". How do we know we are making a difference? The first step is to plan ahead. Our five-year strategic plan, "Vision 2016: Together, Making a Difference" does just that. During 2010-11, the Board devoted considerable effort to its strategic responsibility for setting direction, by reaffirming the Statement of Purpose; Board ENDs and Board Strategic Priorities. We also challenged ourselves by affirming in concrete terms two specific Board Governance Strategies:

Donna Harasymec
Morden

1. Engaged Communities... Strong Partnerships

From information sharing and using meaningful public consultation and deliberative dialogue with its partners, the Board of Directors will engage with individuals and groups of people on matters affecting the wellbeing of their community and seek to better understand the client perspective on patient safety, access to and navigating the health system. The Board restructured a Community Engagement and Partnership Committee that has already begun planning a five-year strategy for the Board.

> One of our top achievements is how far the board has moved ahead in its undersanding and role of governance.
>
> **Board Member**
> **RHA Central Manitoba**

Don Kuhl
Winkler

Armande Leclair
Letellier

Barbara Martens
Portage la Prairie

2. A Culture of Safety, Quality and Risk Management

Appreciating its oversight role, the RHA Central Board of Directors will generate leadership capacity and competency in safety, quality and risk management to guide and support organizational performance and create greater awareness of patient safety and quality in our organization.

Community Engagement

The Board met and dialogued with the following communities and partners in 2010-11:

- Dean Sandham, Dean of the Faculty of Medicine, University of Manitoba and Dr. Jamie Boyd, Head of Family Medicine spoke to the Enhanced Distributed Education Centre (EDEC), also known as Clinical Teaching Units (CTU). Also present at this community engagement event were representatives from the communities of Morden, Winkler and the RM of Stanley and physicians and staff from the Boundary Trails Health Centre.
- The Aboriginal Workforce Partnership Agreement was signed June 16, 2010 at the Keeshkeemaquah Conference & Gaming Centre in Portage la Prairie (see p. 33).
- A Community Health Assessment Companion document on the health of francophones in Central Region was completed in 2011 and endorsed by the Board.
- The RHA Annual Public Meeting was held in Portage la Prairie with the theme, "Connecting the Dots." Nearly one hundred people attended in October 2010 and participated in round table dialogue inspired by a presentation on the 2009 Community Health Assessment findings. At that event, the second annual RHA Central Volunteer Representative Recognition Award was given to the Central Plains Cancer Care Services honoring over 1,000 volunteers in Central Region.
- At a meeting in Rosenort, the Board heard Ms. Judy Schellenburg, Office Manager Rosenort Housing provide a brief background and overview of the Services to Seniors in Group Living (SSGL) operating in that community.
- At Boundary Trails Health Centre, Mr. John Janzen, Chair of Eden Health Care Services Board of Directors and Mr. James Friesen, CEO of Eden Health Care Services shared their experiences relating to new immigrants in particular those arriving in the southern part of Central Region in the last few years.
- Ms. Val Emerson, Co-Chair of the Age-Friendly Community Committee in Gladstone provided the background and shared current activities associated with the initiative, noting that the work of the Gladstone group has received national and international recognition.

In lieu of Advisory Councils, ongoing community stakeholder meetings create meaningful opportunities for the community to engage in dialogue with RHA Central. In addition to discussions on health-related issues, this dialogue assists in gaining an understanding of community values, needs and concerns and promotes collaborative development of policies, programs and services that are responsive to the community.

Measuring how We Make a Difference - Monitoring

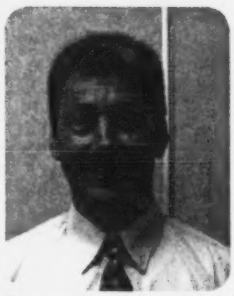
- The Board continues to evaluate its performance in accordance with an annual comprehensive self-assessment questionnaire and, at each Board meeting, monitors itself against one of its own governance policies. The meeting itself is also assessed by participants and reported back at the following meeting.

- The Board monitors progress in achievement against each of its Board ENDs and Strategic Priorities and compliance with Executive Limitations including risk management activities, using the Governance Dashboard on a quarterly basis.
- A comprehensive tool for CEO self-assessment and Board CEO Appraisal was developed in 2009 and implemented in the spring of 2010.

Continued Investment in the Development of our Ability and Capacity to Govern

- A new Board agenda was designed to incorporate the principles enunciated in Vision 2016. Of note, the Audit committee, the Finance committee and the newly-created Quality and Patient Safety Committee will function as a Committee of the Whole. This will enable greater participation of all Board members in discussion and monitoring of committee agenda items.
- The Board developed a governance skills matrix inventory and implemented it in 2010-11. The results highlight the range of skills and experience of our members and the valuable resources the Board offers to the RHA Central.
- An SBAR (situation, background, assessment, recommendation) tool was custom-designed to enable the Board to focus its learnings and effectively review community engagement events with appropriate follow-up activities. i.e. gather information and link for future consideration and identify next steps.
- An exhaustive review and revision of all Governance Policies and By-laws was completed in 2010.
- Additional development included:
  - Attendance at provincial and regional orientations by new Board Members.
  - Attendance at Board approved national, provincial and regional conferences and forums. Conference attendees provided written and verbal reports of the various sessions attended.
    - Central Region's Healthy Communities Conference, April, 2010, in Morden
    - Effective Governance for Quality and Patient Safety Education Program in Winnipeg 2010
    - National Health Care Leadership Conference in Winnipeg, 2010
    - Manitoba Institute for Patient Safety (MIPS) sessions, 2010
    - CCHSE Provincial Health Leadership Forum, 2010
    - Rural and Northern Health Care Day 2010
    - Organizing and attending Board education and workshop events within Region.
      - A strategic planning workshop on Community Engagement and Partnership
      - A presentation on the Personal Health Information Act (PHIA).
      - Patient Safety Halifax 10 webcast sessions
      - Manitoba Patient Access Network Innovations Conference
      - A strategic planning workshop on a sustainable, safe and integrated client-centred health care system
      - Presentation on the Evaluation of the Care While Awaiting Personal Care Home Placement policy.

Alice McKinney
Swan Lake



Daren Van Den Bussche
Portage la Prairie

> The Board's shared commitment to an accountable, transparent and innovative governance process can be a dynamic force for positive transformation and for *making a difference* in the organization.
>
> **Denise Harder,** Chair of the RHA Central Board of Directors

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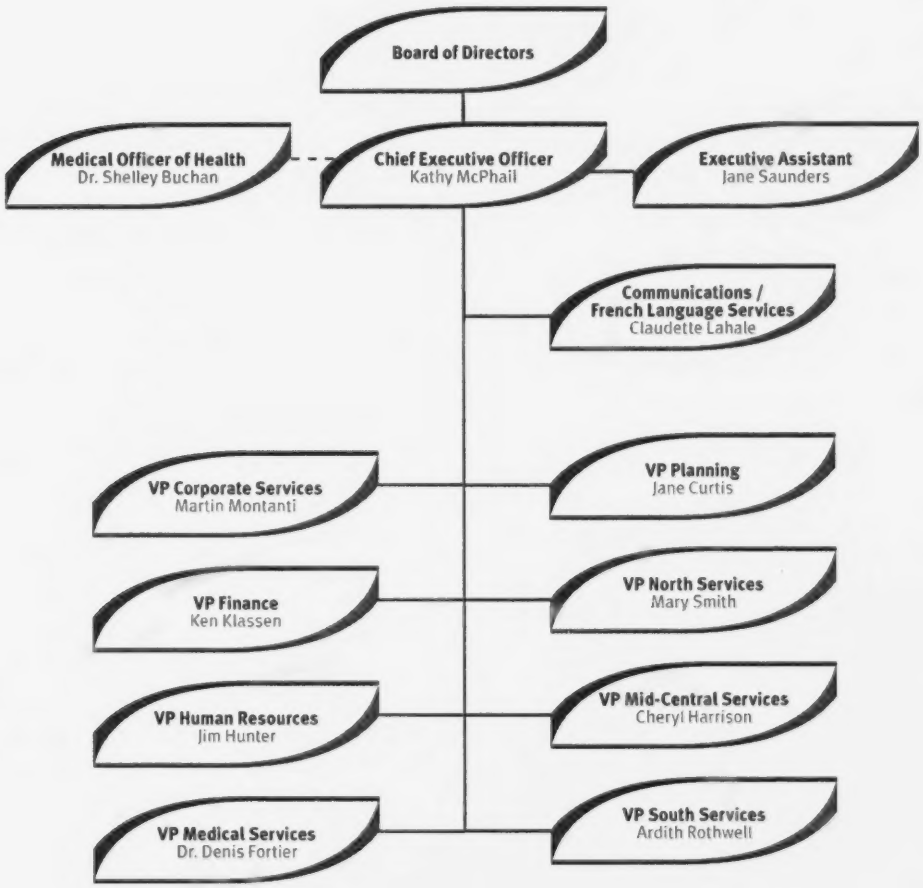
5 Organization & Advisory Structure



There were no significant changes in 2010-11. The RHA Central website depicts our management structure, provides contact information for our Senior Leadership Team, and contact information by community. As well, there are five affiliate health corporations: Eden Mental Health Centre , Prairie View Lodge, Rock Lake Health District & Personal Care Home, Salem Home Inc. and Tabor Home Inc.

Health & Support Services 2010-11

NORTH

Gladstone	Director of Health Services - Gladstone & Area *Seven Regions Health Centre*	JoAnn Egilson
MacGregor	Director of Health Services - MacGregor *MacGregor Health Centre*	Marianne Woods
Portage	Director of Health Services - Portage *Portage District General Hospital*	Donna Bleakney
	Director of Health Services - Portage Seniors *Douglas Campbell Lodge* *Lions Prairie Manor*	Marianne Woods

MID-CENTRAL

Carman	Director of Health Services - Carman & Area *Carman Memorial Hospital* *Boyne Valley Lodge*	Mary Heard
Emerson	Director of Health Services - Emerson *Emerson Health Centre*	Brad Street
Morris	Director of Health Services - Morris & Area *Morris General Hospital* *Red River Valley Lodge*	Brad Street
Rosenort	Director of Health Services - Rosenort *Rosenort Community Health Centre*	Brad Street
Notre Dame	Director of Health Services - Notre Dame & Area *Foyer Notre Dame* *Notre Dame Hospital*	Joyce Kristjansson
St. Claude	Director of Health Services - St. Claude & Area *St. Claude Health Centre (Hospital/Pavilion)*	Mona Spencer
Swan Lake	Director of Health Services - Swan Lake & Area *Lorne Memorial Hospital*	Kristal McKitrick-Bazin

SOUTH

Altona	Director of Health Services - Altona *Altona Community Memorial Health Centre*	Edith Calder
Manitou	Director of Health Services - Manitou *Pembina Manitou Health Centre*	Linda Pearce
Morden/Winkler	Director of Health Services - BTHC *Boundary Trails Health Centre*	Linda Buhr

Affiliate Health Corporations

Crystal City/ Pilot Mound	*Prairie View Lodge/ Rock Lake Health District Hospital & Personal Care Home*	Ginger Collins Ginger Collins
Morden	*Tabor Home Inc.*	Sherry Hildebrand
Winkler	*Salem Home Inc.*	Sherry Janzen
	Eden Mental Health Centre	James Friesen

2010-11 Regional Medical Advisory Committee

The regional Chiefs of Staff and other medical representatives meet together regularly to monitor reports and to provide direction about medical practice issues, including standards, pharmacy and therapeutics, diagnostics, medical staff by-laws or reviewing credentials and recommending privileges to the Board.

Dr. Denis Fortier, Chair
Dr. Eva Berman-Wong
Dr. Riaan Bester/Dr. Marzouk Khoury
Dr. Harold Booy
Dr. Shelley Buchan
Dr. Michael Dyck
Dr. David Kinnear
Dr. Robert Kruk
Dr. Ken Kliewer
Dr. Robert Manness
Dr. Ockie Persson
Dr. Gisèle Viens
Donna Harasymec, Board Medical Liaison
Kathy McPhail, Chief Executive Officer

As of March 31, 2011, there were 123 physicians of which 73 were Family Physicians and the remainder were associated with 14 sub-specialities such as but not limited to GP Anaesthesia, General Surgery, Orthopaedic Surgery, Gynaecology, Radiology, Psychiatry, Ear/Nose/Throat, Ophthalmology and Paediatrics. Out of the 123 physicians, there were 18 new arrivals and 10 departures. Hospital privileges were also granted to dentists and midwives.

2010-11 Regional Programs

Aboriginal Employment - Holly Leost
Aboriginal Health - Doretta Harris
Acute Care - Eileen Vodden
Corporate Communications /French Language Services - Lorraine Grenier
Diagnostic Services of Manitoba - Mark Anderson
Disaster Management - Larry Skoglund
Electronic Health Records - Shelley Barnes
Emergency Medical Services - Corene Debreuil
Finance - Ryan Green
Food Services - Lori McFarland
Health Information/Privacy & Access - Susan Enns
Staff Development/Infection Prevention & Control - Kim Dyck
Information Technology - Shaun Twist
Labor Relations - Angelique Cusson
Mental Health - Ken Kroeker
Nutrition/Diabetes - Chantelle D'Andrematteo
Palliative Care/Seniors' Health - Paulette Goossen
Payroll - Sheldon Hildebrand
Pharmacy - Shawn Bugden/Kyle Macnair
Public Health/Midwifery/Obstetrics/Women's Health - Stephanie Verhoeven
Manager Public Health - Grace Klassen
Healthy Living - Jennifer Baker
Quality Improvement/Risk Management - Kristine Hannah
Patient Safety - Shirley Guenther
Recruitment & Retention - Jolene Doell
Rehabilitation - Sheila Hay/Debbie Iverson/ Jackie Derksen
Support Services - Kristy Radke
Workplace Health & Safety - Sandra Aerssens

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Programs & Services

In collaboration with the community and partners, the RHA Central endeavours to provide access to appropriate services in the appropriate setting as demonstrated by the many programs and services delivered in Central Region. We strive to deliver a seamless continuum of care that supports our clients at every stage of their lives.

Emergency Medical Services (Ambulance)

Elderly Persons Housing

Healthy Living
- *Get Better Together* program
- *Healthy Living Together* program
- *Regional Diabetes Program*

Home Care Services
- adult day programs
- *Meals on Wheels*
- personal care at home
- respite care

Mental Health
- adult counselling services
- adult inpatient psychiatric treatment (Eden Mental Health Centre)
- child & adolescent services
- employment support services
- housing support services
- intensive case management services
- mental health crisis team services
- safehouse
- seniors mental health services

Medical Services
- primary care services/clinics
  - family physicians
  - nurse practitioners
  - physician assistants
- physician specialists
- Medical Officer of Health

Midwifery

Nutrition Services

Palliative Care

Pharmacy

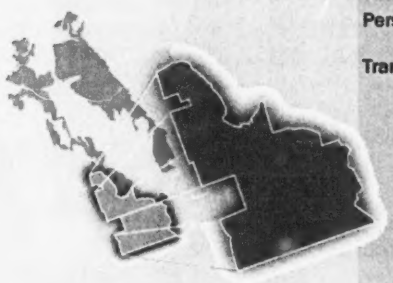
Primary Health Care

Public Health Services
- *Families First* home visiting program
- *Healthy Baby* services (*Growing with Mom*)
- Public Health nursing services
  - communicable disease prevention & control
  - immunizations/child health clinic
  - postpartum & breastfeeding support
  - prenatal education
  - reproductive health
  - school health
  - travel health
- *Teen Clinic*

Rehabilitation
- audiology
- occupational therapy
- physiotherapy
- speech language therapy

Services to Seniors/Congregate Meal Program

Supports for Seniors in Group Living



Other Services

- Aboriginal services
- communications/media relations
- disaster management
- finance
- French Language Services
- handivan services
- human resources
- information technology
- patient safety
- quality improvement/risk management
- spiritual care
- support services
- Telehealth

Facility-Based Services

Acute Care
- chemotherapy
- hemodialysis
- emergency and intensive care
- extended treatment/rehabilitation
- medical care
- obstetrical care
- respiratory services
- surgery/surgical care

Lab & Imaging Services
- cardiac stress testing
- computed tomography (CT Scans)
- electrocardiogram (ECG)
- laboratory
- magnetic resonance imaging (MRI)
- mammography
- ultrasound
- x-ray

Personal Care Homes

Transitional Care

Affiliate Health Corporations

Eden Mental Health Centre
Prairie View Lodge
Rock Lake Health District Hospital & Personal Care Home
Salem Home Inc.
Tabor Home Inc.

For information on how to access these or other programs and services available in Central Region, visit: www.rha-central.mb.ca or speak with your local community health director/physician or public health nurse.

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

6 Challenges & Future Direction

RHA Central is:
an organization that is multifaceted and part of a bigger system,
an organization that is continually being invited to change,
an organization where expectations are high,
an organization of people caring for and with people...

The challenges are many. We cannot go at it alone. Typical of the health care environment in Canada as a whole we experience staff shortages, increasing costs for medical and pharmaceutical therapies, ageing infrastructure, international public health issues, uncertain financial times and many more. In particular, there are issues that are at the forefront in Central Region and that are impacting on the way we work.

> There are significant differences in population patterns between the nine districts within Central Region. For example, Morden/Winkler has shown tremendous growth with a **49%** increase (from **18,721** to **27,875**) between 1996 and 2010 while other districts such as Louise/Pembina and Seven Regions have decreased greater than **12%**.
>
> CHA 2009

Population Growth

With the largest population of all rural and northern Regional Health Authorities, second only to Winnipeg, Central Region is also one of Manitoba's fastest growing regions with a very diverse population, spread across an area of about 17,025 square kilometres. Notably, in the Morden/Winkler area, there has been a tremendous population growth of 49% in 14 years. The rapid growth has already significantly increased demands in all programs and services and generates extensive pressure on resources, spaces for delivery of care and infrastructure. It is expected this will continue as the population of RHA Central is predicted to grow by over 54% by 2036. The 2009 Community Health Assessment consultation highlighted concerns expressed by the community relative to this issue. We confirmed that we have increasing numbers of immigrants that present challenges as well as opportunities that must be addressed in the system.

Making a Difference: Outlining key areas of focus for the next five years, "*Vision 2016: Together, Making a Difference*" presents a blueprint for engaging each other in translating strategies into reality. With increased activity in most programs, RHA Central will continually evaluate the impact on systems and the delivery of care striving to meet the growing demands.

> Overall, our population over the age of 65 is very similar to the rest of Manitoba at **13.2%** of all residents.
>
> Between 1996-2008, the population of RHA Central residents over the age of 75 increased by **8.1%**. However, the Manitoba Bureau of Statistics projects very strong growth among the senior population of our region. Specifically, growth rates of over **90%** in residents age 65 and older are projected by the year 2036.
>
> CHA 2009

An Ageing Population

Almost twice the number of today's population over the age of 65 will live in Central Region in 2036. The population of RHA Central residents over age 75 increased by 7.1% between 1996 and 2010. Manitoba Bureau of Statistics projects very strong growth among the senior population of Central Region. The 2009 Community Health Assessment community consultations revealed that, along with new immigrants, an ageing population is perceived as having the biggest impact on health services that would be delivered in their communities. While seniors in Central Region are living longer, healthier lives and with fewer disabilities than ever before, the majority of seniors have at least one chronic disease or condition. Although older residents account for the highest hospitalization rates, more and more seniors are staying in their homes longer and living in the community. As baby boomers age into care, the need for appropriate services such as psycho-geriatric services, housing and care providers will require greater attention.

Making a Difference: To meet the needs of this ageing population, the importance of partnering with communities to build capacity and support our ageing residents to age in place is recognized. A Senior's Strategy will be developed in 2011-12 examining an optimal service mix with respect for the needs of our community as a reflection of changing demographics as well as changing expectations to meet our vision of a better tomorrow.

Aboriginal Residents of Central Region are Less Healthy than Other Residents

11.3% of RHA Central residents are Aboriginal, compared to 3% of the Canadian population. A large proportion of the Aboriginal population is young with relatively smaller numbers in the older age groups.

In our Community Health Assessment, we affirmed that Aboriginal people have a high rate of diabetes and found that Aboriginal residents require hospitalization three times more than other RHA Central residents.

Making a Difference: RHA Central promotes the provision of culturally appropriate care and services for Aboriginal peoples. The signing of a historical formal Partnership Agreement with the First Nations and Métis communities within RHA Central and with other various stakeholders heralded many initiatives in Aboriginal Human Resource Recruitment and Retention and in regional Aboriginal Health programming.

Providing Care in Appropriate Settings

In July of 2009, RHA Central introduced the Care While Awaiting Personal Care Home Placement policy at Boundary Trails Health Centre, one of two regional centres. This was put into practice to provide care in a suitable alternative location for clients waiting for openings in a Personal Care Home location and to increase availability of this regional site's hospital beds. Similar practice has been implemented at our other regional site, Portage District General Hospital. Since the implementation of this policy, many waiting placement clients have been transferred to alternate sites within the region increasing activity levels in those sites and returning the regional centre hospital beds to meet acute care needs.

Making a Difference: RHA Central continues to look at increasing capacity to support awaiting placement clients and enhancing programming relative to needs of clients. Transitional care services offered at sites in the region are continuously monitored and evaluated. In some, additional recreational resources have been directed to assist in programming.

RHA Central acquired a regional Electronic Medical Records (EMR) system and database which was implemented in these RHA-operated physician clinics:

Gladstone
Manitou
Notre Dame de Lourdes
St. Claude

At present, there are approx. **29, 000** active patient charts combined amongst the clinics above.

Technology

Over the last 5 years, the number of Information Technology related devices and services has tripled. In the next 10 years, the demand for technology software and service is expected to double or once again triple. Most of the increase will be driven by the implementation of integrated electronic health record information systems. Not only will the number of systems increase, these systems and the underlying technical infrastructure will also require a much higher level of technical support than the mostly administrative focused systems in place today. In order to meet the increased demand, the overall investment into Information Technology, in terms of human, physical and financial resources is recognized.

Making a Difference: The RHA Central is committed to the concepts of strong processes, well-trained end users, solid technology, interoperability, skilled professionals and improved patient safety with decreased risk. RHA Central continues to build electronic health record (EHR) capacity from a knowledge and infrastructure base as more and more technology based tools and systems are deployed across the continuum.

Patient Safety

As the public becomes more knowledgeable with terms such as "disclosure" and "critical incidents", more questions and discussions are generated. Disclosure is not just morally and ethically the right thing to do ....it is legislated. When the health care system causes serious harm to a client, it is referred to as a critical incident. Health care providers have been trained to disclose the facts about what happened and outline how this harm will impact the health of the client and what actions will be taken to restore the client's health. Staff is now having more discussions about these sensitive topics with clients, their families and with other providers.

Making a Difference: In "Vision 2016: Together, Making a Difference" the Board of Directors is committed to being a transparent organization, creating greater awareness of patient safety and quality in the organization. The organization pledges to implement timely and culturally competent communication strategies to share information with all stakeholders.

The regional policy on Disclosure was updated and education was provided to Directors of Health Services who then educated managers and frontline staff. Dislosure posters and pamphlets are in the health care facilities encourageing clients and families to ask questions and engage staff in discussions.

The Opportunities...

We indeed hold any opportunities and as well, many challenges. However, we also understand that "Vision 2016: Together, Making a Difference" will also be a dynamic and evolving strategic plan. Guided by our values of Integrity, Caring and Excellence, our ongoing planning efforts will continue to reflect the priorities raised in our dialogue with the community, staff, physicians and other stakeholders. It will steer us all in our daily decision-making, in supporting community engagement and partnership initiatives and in promoting innovation and collaborative teamwork.

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

7 The Year in Review

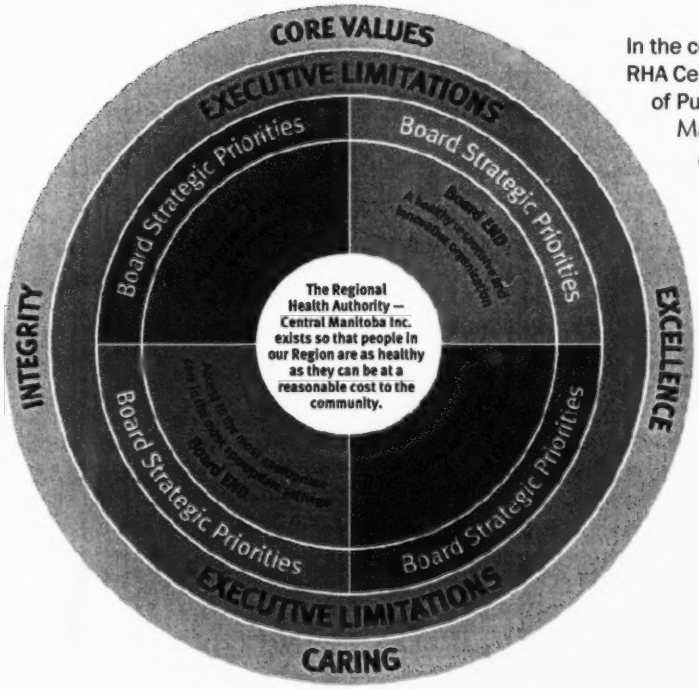
In support of Manitoba Health's Vision for

"Healthy Manitobans through an appropriate balance of prevention and care"

and Goals to:

- **Optimize the health status of all Manitobans through prevention and health promotion**
- **Improve quality, accessibility and accountability of the health system**
- **Achieve a sustainable health system.**

Together, We Can make a difference!


CORE VALUES
EXECUTIVE LIMITATIONS
Board Strategic Priorities
Board Strategic Priorities
Board Strategic Priorities
Board Strategic Priorities
EXECUTIVE LIMITATIONS
INTEGRITY
EXCELLENCE
CARING
The Regional Health Authority — Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community.

In the context of Manitoba Health's vision and goals, the RHA Central has an ongoing commitment to its Statement of Purpose "The Regional Health Authority — Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community".

To guide our efforts towards its achievement, four Board ENDs and Strategic Priorities prescribe organizational achievement:

- **Healthy People and a Healthy Environment**
- **A Healthy, Responsive and Innovative Organization**
- **Access to the Most Appropriate Care in the Most Appropriate Setting**
- **A Sustainable, Safe and Integrated Client-centred Health Care System.**

Healthy people and a healthy environment

Strategic Priorities

1. **Reduce incidences of health risk factors, preventable illness, death and injury**
2. **Awareness and demonstration of healthy lifestyle behaviors**
3. **Individuals independent and active as long as possible**
4. **A supportive network within the community**
5. **Individuals supported in their care-giving roles**

Performance Results

The 2009 Community Health Assessment demonstrated that, in terms of health status, Central Region is comparable in many ways to the rest of Manitoba with overall rates generally appearing average or better. We also observed some important key themes as well as regional disparities. With the goal of achieving optimal health for our entire population, we support people in making healthier choices. The following results are updated from last year's (2009-10) Annual Report.

Health and Life Satisfaction

- 60.4% of RHA Central residents and 60.2% of Manitobans living off-reserve self-rate their physical health as "very good" or "excellent".
- 68.0% of RHA Central residents and 71.1% of Manitobans living off-reserve self-rate their mental health as "very good" or "excellent".
- 92.9% of RHA Central residents and 91.4% of Manitobans living off-reserve indicate that they are "satisfied" or "very satisfied" with life.

Table 1 shows changes in the rates of self-reported life satisfaction. In general, more than 9 out of 10 residents are satisfied or very satisfied with their lives. Our rates have consistently been higher than the provincial and Canadian rates and similar to (or higher than) rates in our peer group, **labeled as Peer Group D.*

Table 1. Life satisfaction, "satisfied" or "very satisfied", 2003-2009.

	2003	2005	2007	2008	2009
Central	93.9%	94.6%	95.4%	94.8%	92.9%
Manitoba	92.4%	91.8%	92.6%	91.6%	91.4%
Canada	91.3%	91.8%	91.9%	91.4%	92.1%
*Peer Group D	92.6%	93.0%	93.9%	94.0%	93.9%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008, 2009.

> It has been found that **66%** of smokers had their first cigarette by **15** years of age. Research findings also indicate that if people have not started smoking during their adolescent years, they probably will not smoke at all.
>
> Health Canada, Canadian Tobacco Use Monitoring Survey, 2008.

Healthy Lifestyle

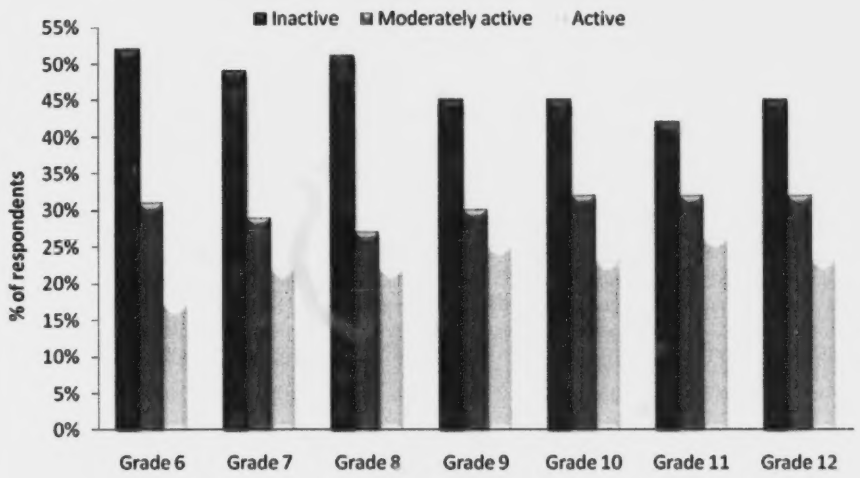
CancerCare Manitoba targets five key lifestyle factors (in addition to cancer screening) as key to cancer prevention. These factors are also of primary importance to maintaining a healthy and independent lifestyle and preventing many chronic illnesses. These factors are:

- Smoking cessation
- Healthy weights
- Alcohol consumption
- Diet - particularly consumption of fruits and vegetables
- Physical activity

Healthy Lifestyle Among Youth

- 14.1% of RHA Central youth aged 12-19 have smoked 100 or more cigarettes, a rate which is almost identical to the provincial rate of 14.8%.
- The most recent off-reserve survey data indicate that in 2009, 18.3% of RHA Central youth age 12-19 smoked daily or occasionally. This appears to be higher than the Canadian rate of 11.0% and the provincial rate of 12.1%. However, the regional rate is based on a small number of youth who participated in the survey.
- 18.0% of RHA Central youth aged 12-15 have drank alcohol in the past 12 months. Although this means that almost one in five youth in this age group have been exposed to alcohol, the rate is lower than the Manitoba average of 24.1%.
- 48.1% of youth aged 16-19 have drank alcohol which is lower than the provincial average of 55.0%.
- According to the 2008 Youth Health Survey of students in grades 6 to 12 at Central Region schools, 50% of students indicated that they eat two servings or less of fruits and vegetables daily and about 16% of students indicated that they ate five or more servings as per Health Canada recommendations.
- Just over one in four (26.7%) youth age 12 to 19 who live off-reserve, consume five or more servings of fruits and vegetables daily.
- While most youth accurately estimated that they were in the "healthy weight" range, girls who were actually underweight were far less likely to indicate this than were boys. For example, 9% of RHA Central female youth indicated that they were underweight when in fact 27% were underweight. Females were also most likely to estimate that they were overweight (28% perceived to be overweight when the actual rate was 18%).

Figure 1. Central Region physical activity rate by grade, 2008.



Source: CancerCare Manitoba, Central Region School Youth Health Survey Report, January 2009.

Almost one half of students are inactive, the highest rate was among students in grade 6 at 52% and the lowest was among grade 11 students at 42%. No more than one in four students in any grade met the criteria for being "active" and the lowest rate was among grade 6 students where the rate was 17%.

Table 2 shows youth physical activity data as reported in the Canadian Community Health Surveys. These data are for youth living off reserve only and show lower rates of physical inactivity than reported in the Youth Health Survey. These data show that rates of physical inactivity had increased over time (from 32% of youth in 2003 to 45% in 2008) but in 2009, the rate declined to 32.5% which is good news. However, rates of physical inactivity among Central Region youth remain higher than Manitoba or Canada, but are similar to Peer Group rate of 30.7%.

Table 2. Youth physical activity rate, 2003-2009.

		2003	2005	2007	2008	2009
Central	Moderately or Physically Active	68.0%	69.4%	59.0%	55.1%	67.5%
Central	Inactive	32.0%	30.6%	41.0%	44.9%	32.5%
Manitoba	Moderately or Physically Active	73.4%	67.7%	69.7%	68.0%	77.8%
Manitoba	Inactive	26.6%	32.3%	30.3%	32.0%	22.2%
Canada	Moderately or Physically Active	72.0%	71.1%	70.5%	69.2%	71.0%
Canada	Inactive	28.0%	28.9%	29.5%	30.8%	29.0%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008, 2009.

Table 3. Changes in "daily" or "occasional" smoker rates, 2003-2009.

	2003	2005	2007	2008	2009
Central	22.4%	19.6%	20.7%	25.0%	24.9%
Manitoba	22.8%	20.5%	22.5%	24.2%	20.5%
Canada	23.0%	21.8%	22.0%	21.4%	20.1%
Peer Group D	22.8%	22.4%	22.1%	22.8%	20.8%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008, 2009.

> According to the Canadian Cancer Society, more than **47,500** Canadians die each year of tobacco-related disease. Eliminating tobacco use is identified as one of the most effective ways to reduce the number of Canadians who will be diagnosed with cancer.
>
> Cigarette smoking causes about **30%** of cancers in Canada and more than **85%** of lung cancers.
>
> Smoking is also associated with other poor health outcomes such as heart disease, other lung diseases and stroke.

Healthy Lifestyle Among Adults

- 24.9% of RHA Central residents living off-reserve smoke "daily" or "occasionally" compared to 20.5% of Manitobans.
- There appears to have been very little progress in reducing rates of smoking between 2003 and 2009 (see **Table 3**).
- 14.1% of RHA Central residents living off-reserve meet the criteria for "heavy drinking" compared to 17.4% of Manitobans.
- Rates in RHA Central have typically been slightly lower than the comparison areas but there has been no real change over time.
- Just over half (55.5%) of RHA Central adults living off-reserve are overweight or obese. This is very similar to Manitoba at 58.0%.
- There has been very little progress over time in reducing obesity rates as illustrated in **Table 4**.
- One-third of RHA Central adults living off-reserve eat the recommended five or more servings of fruits and vegetables daily. This is slightly lower than the provincial rate of 38.5%
- Over time there has been very little change in Central Region and typically, only one in three adults is consuming the recommended amounts of fruits and vegetables. This is lower than the Canadian rates over time, which have been well over 40% each year.
- 45.0% of RHA Central residents are "physically or moderately active" compared to 53.0% of Manitobans.
- Within Central Region, rates of residents who are moderately or physically active had been higher among males than females in 2003 and 2005. However, this has changed in the three most recent cycles of Canadian Community Health Survey and rates of physical activity are now higher among RHA Central females than males (48.7% of females in 2009 compared to 41.4% of males). There has been improvement among females in rates of physical activity, and the most current rate of 48.7% is very similar to the provincial rate of 49.8%.

Table 4. Changes in rates of adult self-reported BMI as overweight or obese, 2003-2009.

	2003	2005	2007	2008	2009
Central	55.6%	55.2%	59.7%	58.6%	55.5%
Manitoba	55.0%	54.6%	55.6%	54.5%	58.0%
Canada	49.4%	50.0%	50.8%	51.1%	51.6%
Peer Group D	54.5%	54.6%	57.1%	57.9%	56.7%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008, 2009.

Cancer[1]

- The (age standardized) *rate of new cancers* in RHA Central 411.5 new cases per 100,000 residents. This is statistically lower than the provincial rate of 457.8 new cases per 100,000 residents.
- The age standardized rates of new cancers are available for the following:
  - Lung cancer - Central is 57.4 new cases per 100,000 residents which is statistically lower than the Manitoba rate of 68.8.
  - Colorectal cancer - Central is 55.8 new cases per 100,000 residents compared to the provincial average of 64.4.
  - Female breast cancer - Central is 110.7 new cases per 100,000 females compared to the provincial average of 121.3.
  - Prostate cancer - Central is 88.3 new cases per 100,000 males which is statistically lower than the provincial average of 117.9.
- The five-year (age standardized) **survival rate** for all cancers is 56.5% for Central residents which is a slight increase over the previous estimate of 54.7%. This is almost identical to the provincial estimate of 56.4%.
- The five-year survival rates are available for the following specific types of cancer:
  - Lung cancer - Central is 19.3% compared to Manitoba at 18.9%.
  - Colorectal cancer - Central is 51.1% compared to Manitoba at 56.9%.
  - Female breast cancer - Central is 83.9% compared to Manitoba at 83.6%.
  - Prostate cancer - Central is 91.3% compared to Manitoba at 91.1%.
- The (age standardized) **rate of deaths due to cancer** in RHA Central 184.6 deaths per 100,000 residents. This is significantly lower than the provincial rate of 209.1 deaths per 100,000 residents.
- The age standardized rates of new cancers are available for the following:
  - Lung cancer - Central is 42.5 deaths per 100,00 residents compared to the provincial average 50.4.
  - Colorectal cancer - Central is 24.0 deaths per 100,000 residents compared to the provincial average of 26.2.
  - Female breast cancer - Central is 29.7 deaths per 100,000 females which is very similar to the provincial average of 28.9.
  - Prostate cancer - Central is 34.1 deaths per 100,000 males compared to the provincial average of 38.5.
  - Rates of death by specific type of cancer may appear in some cases to be different from the provincial averages, but these differences are not statistically significant.

1 Unless otherwise stated, the source for all cancer data is the CancerCare Manitoba 2010 Community Health Assessment which is available at: http://www.cancercare.mb.ca/resources/File/communications/CCMB_)2010_CHA-Report.pdf

Changes and Highlights in Cancer

- The lung cancer incidence rate of 57.4 new cases per 100,000 is higher than the previous estimate for RHA Central of 51.3 per 100,000; however, the rate is still lower than the provincial average of 68.8.

Healthy Environment

- 6.4% of non-smoking RHA Central residents and 6.1% of Manitobans are exposed to second hand smoke (SHS) in their homes.
- Within the region, due to small numbers, data for residents age 12 to 19 were suppressed for 2007 to 2009 (see **Table 5**). Even rates for the combined years of 2007 and 2008 were considered too unreliable to be published. However, it is evident from older data in 2003 and 2005 that both within Central Region and in Manitoba, overall, rates of exposure to SHS are much higher among children and youth than among the general population. For example, in the two years for which regional level data are available, exposure to SHS among non-smoking youth is about double the rate that we see among non-smoking adults.

Table 5. Changes in rates of exposure to SHS, Manitoba and RHA Central, 2003-2009.

	2003	2005	2007	2008	2009
RHA Central	8.0%	7.2%	Suppressed	5.9%	6.4%
RHA Central 12-19 year olds only	15.9%	16.8%	Suppressed	Suppressed	Suppressed
Manitoba	10.7%	8.6%	8.9%	7%	6.1%
Manitoba 12-19 year olds only	22.9%	20.0%	16.5%	19.3%	18.5%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008, 2009.

2010-2011 Expected Results and Achievements

Creating an Injury Prevention Strategy and Program Based on Evidence and in Partnership with Stakeholders

Manitoba Centre for Health Policy 2008 report indicates that prevalence of suicide and suicide attempts in RHA Central are on the decline at approximately the same rate as the Province of Manitoba average. There are nevertheless areas within the northern part of the region which have higher than provincial average rates. RHA Central continues to work at injury prevention through partnerships with communities, agencies and stakeholders.

A Youth Suicide Prevention Committee was developed in 2009-10 as part of Provincial Youth Suicide Prevention strategy and implemented a work plan as approved by the Mental Health Branch Suicide Prevention Coordinator in 2010-11.

A youth wellness day included youth from across Central Region for an event in Portage la Prairie where 150-200 youth attended.

Regular Applied Suicide Intervention Skills Training (ASIST), SAFETALK, Mindfulness Based Stress Reduction (MBSR) courses and Mental Health First Aide (MHFA) sessions were delivered throughout the region.

Facilities within RHA Central have implemented the Falls Management policy.

Regional Participation in Safe Kids week promotion and awareness in June 2010 included working with public health nurses and schools to promote the theme "Got wheels - wear a helmet" including promotion of the provincial school bike and sport helmet opportunity through healthy schools.

Using a resource identified through Safe Kids Canada, RHA Central in partnership with Portage la Prairie School Division and Portage RCMP initiated the PACE car program to reduce vehicle speeds in school zones and communities. Initial evidence shows some speed decrease in school zones. In addition, a strong partnership has developed focused on injury prevention.

RHA Central participated with the community of Carman on a Safe Communities initiative resulting in Safe Communities Designation for the community.

Resources from Canadian Agriculture Safety Association assisted in the development of a newsletter for farmers that focused on hearing protection during Agricultural Safety Week. Free samples of ear plugs were attached to the newsletters and distributed through coffee shops in the region frequented by farmers during the off season. Farm Safety initiatives were also undertaken in some school divisions in Central Region.

Continuing Health Promotion and Chronic Disease Prevention Efforts

A Tobacco Working Group was developed to look at tobacco from primary prevention, secondary prevention and cessation. Priorities identified include: tobacco use in people with mental illness, linking nicotine replacement therapy prescribed to inpatients to Smokers Helpline, fax referral on discharge and pre-admission smoking cessation for people undergoing elective surgery.

Oral health was promoted with clients and communities including promotion of first free visit for children under 3 years of age. The region shares a listing of all participating dentists to share with clients. A Telehealth program on oral health and chronic diseases was well attended by public health and chronic disease staff in the region.

RHA Central continued to work with schools as they operationalized grant dollars received last year. Students in Carman created a skit on healthy lifestyles and the Manitoba Health Card, that was shared provincially at the Region's Healthy Communities Conference.

RHA Central worked with *Division Scolaire Francophone du Manitoba* schools on a project related to smoking prevention, accessing resources in French, as well as making safe choices and prevention of addiction.

RHA Central engaged in new outreach with Eagle's Fire Youth Centre and Probations in Portage la Prairie. This outreach is focused on raising awareness with high-risk individuals on their risk factors, access to existing health services such as testing and treatment, and increased distribution/ availability of condoms.

Portage (PCI) Teen Clinic continues to engage heavily with teens and the school staff on sexual health topics.

Standardization of resources for Public Health nurses has been achieved through use of an Electronic Public Health Clinical Library on RHA Central intranet portal: a "one stop shop" for staff to find resources to guide their practice with individuals, groups and communities.

A regional Sexually Transmitted Infection and Blood Borne Pathogen working group was established to guide practice, identify educational resource and policy needs and determine and implement outreach strategies to high-risk groups.

More than 15,000 doses of flu vaccine were given by various health care providers in the region. The majority of people received their flu shot in October when community clinics were initiated. Public Health gave 9,080 doses through the community, office and outreach clinics; 4,429 doses were given by physicians; 403 doses were given by First Nation or Tribal Councils; and 1,223 doses were given by other providers (e.g. Staff Health).

With the Manitoba Network for the Prevention of Abuse of Older Adults, stakeholder consultation in elder abuse involved wide representation from a number of communities across the geographic area.

The Healthy Living Class series was expanded to include weight management, heart health and a focus on the relationship of healthy eating to mental wellness. The Chronic Disease Prevention Initiative (CDPI) is worked with the recreation programs within RHA Central to increase regional capacity related to physical activity as a modifiable risk factor for chronic disease.

Developing a Comprehensive Women's Health Program

Community clinics continue to respond to the need for PAP screening and offer special days for PAP screening where appointments were not required. Response to the low cervical screening rates in the MacGregor area were initiated by partnering with CancerCare Manitoba to offer a day of PAP screening to women who have not been recently screened.

The Mobile Breast Screening Program screened 1,592 women in 5 communities in RHA Central in 2010-11. The region was able to increase screening rates despite a 4% growth (444 women) in the target population of women aged 50-69. The overall number of women attending mobile clinics increased by 14% since 2008. As well, Boundary Trails Health Centre continues to add additional appointments for mammography and the CW Wiebe Medical Centre continues to increase screening through direct booking of clients for mammography and targeting under-screened women.

A special project is underway with Low German, High German and Russian speaking populations in the Morden/ Winkler area. Eight communities reached or exceeded the screening rate goal of 70%. Communities with lower rates of cervical screening in this community are targeted as sites for annual PAP day. Information on cervical screening and breast screening is included at the annual PAP day events.

Maternity Care site visits were completed to share regional information and statistics and to begin using the Multidisciplinary Collaborative Primary Maternity Care Project ensuring we are working collaboratively to every provider's full scope of practice in maternity care.

A healthy, responsive and innovative organization

Strategic Priorities

1. **A healthy workplace in RHA Central**
2. **An appropriate and skilled workforce**
3. **Healthy public policy**
4. **Timely access to information**

Performance Results

A healthy, responsive and innovative organization underpins all of RHA Central's goals and strategies. The very nature of what we do affirms that people are our greatest resource in achieving positive health outcomes and experiences and in making a difference. A healthy and skilled workforce will provide a strong foundation for quality services in all its dimensions.

While taking stock of the environment we work in, we realize that innovations in technology and system innovation support improves access to services across the continuum and assists health care practitioners in making evidence-informed decisions. The following results are updated from last year's (2009-10) Annual Report.

From April 2009-Feb 2011, Worker's Compensation Board of Manitoba (WCB) time loss injuries were down 46.3%, Days paid were down 53.5%, and direct costs were down 48.7%. The goal of the Home Care Worker Musculoskeletal Injury Prevention Project funded through WCB was to reduce workplace injuries for the Region's home care workers through training and education and hopefully, increase job satisfaction amongst this group. The benefits of this project have been evident through the reduced number of WCB time loss injuries, cost savings and positive employee feedback. RHA Central has been advised by WCB that the rate for 2011 will be $1.72 per $100 of payroll. This is a 5% decrease from the 2010 rate of $1.81 and significantly attributable to these regional efforts.

In 2010-11, 92.3% of respondents to the Regional Staff Work Life Survey indicated "very" or "somewhat satisfied" with their job. Attendance Management programs have been developed and delivered throughout the region. Paid sick time is currently below provincial and national health care averages at 3.7%.

In 2010-11, 72.8% of employees attended at least one education/in-service session. 208 regional sessions were organized and offered and 91 sessions were provided utilizing external resources. In addition to the regional sessions, several education sessions were offered on-site.

The Aboriginal Human Resource Strategic Plan has been developed with a goal of increasing the representation of Aboriginal people in our workplace to 11.3% which represents the number of Aboriginal people in the general population. As of March 31, 2011, 158 aboriginal staff have self-declared, representing approximately 5% of the workforce which is an improvement of 33 new hires from last year.

2010-2011 Expected Results and Achievements

The total # of employees including affiliates = **3,801**

The total # of physicians = **123**

Average years of employee service = **9.1**

% of aboriginal workforce (self-declared) = **5%**

Strengthening Employee Wellness and Attendance Management Programs

A regional Employee Wellness Committee was established and is operational and, as well, many programs and sites have incorporated wellness activities into staff events such as the Workplace in Motion. The Workplace in Motion Committee from Portage Mental Health Program organized a month-long schedule of noon-hour work-out routines, for the month of November 2010 in the Portage District General Hospital Boardroom. As well, other programs such as Manitoba Quits smoking campaign, wellness day "Know your Exercise" at Boyne Lodge and Wellness Staff Appreciation Days at Lorne Memorial Hospital. At the Boundary Trails Health Centre, there is a monthly focus on health, nutrition and social wellbeing to name a few.

The Mental Health program is incorporating Workplace in Motion activities into their schedules in an effort to promote good physical and mental health.

Continuing to Support Increased Workforce Knowledge and Competency

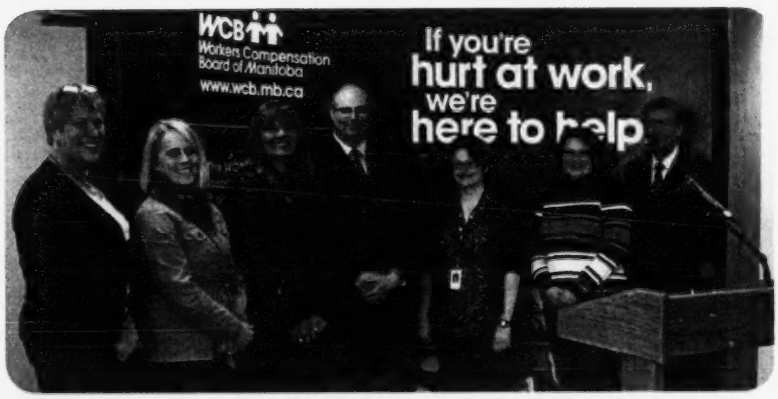
Individuals continue to be supported in advanced management development/ degree completion. Three sessions of the in-region management development program offered a module on Change Management Training newly launched as part of the regional management development series.

RHA Central continues to work with the *Conseil communauté en santé* to enhance French language training opportunities. In 2010-11, a total of 13 staff members participated in French language training.

Effective July 1, 2010, the RHA Central, C.W. Wiebe Medical Centre and the Agassiz Medical Clinic became part of the Family Medicine Enhanced Distributed Education Centre (FM-EDEC) located at the Boundary Trails Health Centre (BTHC). This form of teaching will be an important part of the University's strategy for training new physicians. Historically, most of the learning was through individual preceptors at various sites across the province. But a new model distributed learning and the development of (EDEC) will offer a new structure for teaching. The BTHC Learning Centre includes Family Practice residents in their 2nd year, as well as medical students in their 5-week family practice rotation. When fully operational, the program will see up to 12 residents a year and up to 24 medical students per year, as well as other learners like physicians assistants and nurse practitioners. The Region has a similar affiliation with nursing education programs across the Region. It allows students to enjoy practice in a rural environment.

Breastfeeding education continues to be offered through access to the Telehealth sessions offered provincially. The breastfeeding self-study module is used in staff orientation to obstetrics including breastfeeding as a component of "obstetrics education days". In addition, a one-day workshop for all new public health nurses was added to the breastfeeding education this past year.

All Families First staff are required to take Growing Great Kids Tier 1 before engaging with families; however several of RHA Central's home visitors and public health nurses have added completion of their Growing Great Kids Tier 3 training in



RHA Central receives provincial recognition from the Workers Compensation Board for success in the Home Care Worker Muscoskeletal Injury Prevention Project 2010

Staff attending cultural diversity education sessions

2007-08 639 staff
2008-09 525 staff
2009-10 582 staff
2010-11 600 staff

2010. RHA Central actively participates in the MB Baby Friendly Initiative Community Committee to link with other regions and enhance opportunities to improve sharing of resources across regions.

Over the last three years, a total of 45 leaders in the region have taken the P.I.E.C.E.S. (Physical, Intellectual, Emotional, Capabilities, Environment, and Social Learning Initiative) information session, and 98 staff (various disciplines) have taken the five-day session. This has provided a "toolkit" for staff working with the elderly, especially those seniors with cognitive impairments.

The 3rd annual "Critical Care Education Day" was held at Boundary Trails Health Centre in 2010, refreshing staff's skills and knowledge in intensive care and emergency nursing.

As part of a significant incentive to advance the recovery model of mental health care across all mental health programs in Central Region, Eden's annual Lecture Series attracted over 200 participants from across Manitoba to hear Dr. Mark Ragins from the Mental Health America Village program in Long Beach, California. Further to this series, some staff engaged in additional training with Dr. Ragins on site.

Enhancing Recruitment and Retention Capacities

The opportunity to take different three levels of nursing education "at home" will now be available to people in Central Region with the following programs available: Red River College Health Care Aide (HCA) program in Winkler and Portage la Prairie; Robertson College HCA Challenge program offered in a variety of locations via Telehealth; Assiniboine Community College Licensed Practical Nurse program in Portage la Prairie as well as in Winkler in previous years and; Red River College Licensed Practical Nurse - Baccalaureate Nurse (LPN-BN) program in Portage la Prairie and Winkler.

The LPN-BN program has now become a permanent offering in the region with classes running every two years in Portage la Prairie and every four years in Winkler.

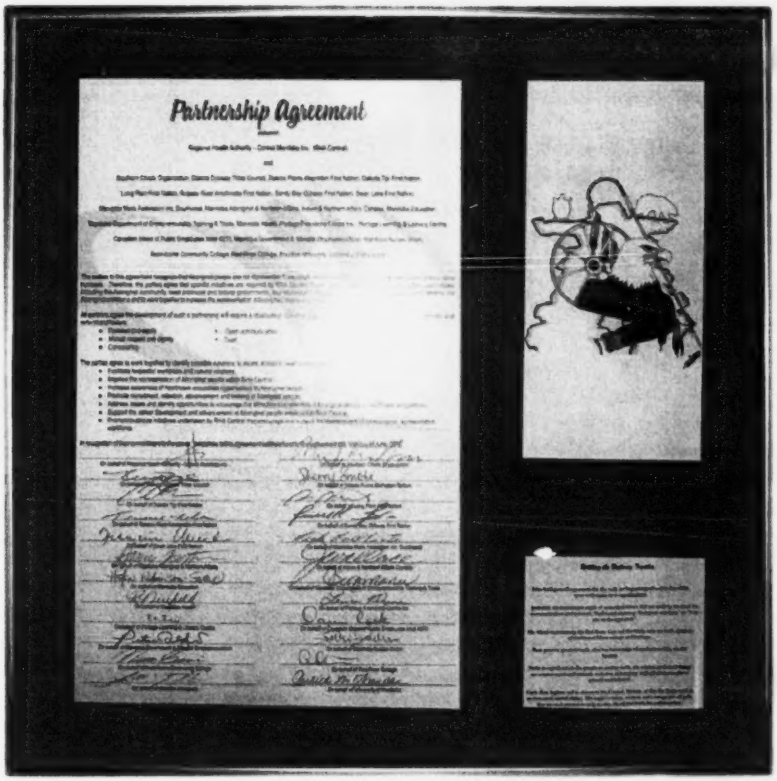
The Robertson College Health Care Aide Challenge program has proven itself to be very worthwhile with enough enrolment to the run the program three times over the last year.

In 2010, RHA Central had the opportunity to travel to Alberta as part of a nursing recruitment initiative. Since then, four nurses have arrived in the region.

It has been two full years since the Filipino nurses arrived in Manitoba. Since then, they have settled into the various communities in RHA Central and have also become valuable members of their communities and RHA Central. All have settled into their jobs in the region and have brought family members to join them in their new life in Manitoba. Since the Philippine nurse recruitment event of April 2009, three other Filipino Nurses have joined the RHA from overseas.

In partnership with the Portage Clinic, RHA Central is proud to have hosted the 2010 Family Medicine Residents Retreat in Portage la Prairie. Each year, the University of Manitoba Family Medicine program helps facilitate a retreat providing residents with the opportunity to participate in continuing medical education (CME) sessions and explore future career opportunities in rural Manitoba.

Facilities in Central Region continue to host multiple students and medical residents from various programs, including Midland Adult Education Centre, Red River College, Assiniboine College, University of Manitoba, University of Brandon, Lakehead University, University of Ottawa and University of Sherbrooke. The students included health care aides, licenses practical nurses, registered nurses and medical students.



The RHA Central was joined by 23 partners such as the First Nation, Métis communities, local, provincial and federal governments, health sector employee unions and other stakeholders including Manitoba's education/training institutions in a historic signing ceremony in June 2010. This event marked the first partnership agreement for RHA Central, aimed at forging new ties with aboriginal communities and other sectors who are committed in partnership to working together to support, prepare and develop the Aboriginal workforce and to increase the representation of Aboriginal people in all health care occupations within RHA Central. It is also a recruitment and retention strategy with the goal of increasing the representation of Aboriginal people in the workplace by bringing to the Aboriginal population a greater awareness of the many employment opportunities in health care and ensuring potential employees receive the necessary education and training. It is envisioned that the Aboriginal Workforce Partnership Agreement will help improve client health, service delivery and economic capacity.

In addition to providing employment, the initiative will help to work towards providing a culturally enriched workplace where all people in Central Region are "As healthy as can be".

Building a Workforce Representative of Central Region's Cultural Diversity and a Respectful Workplace

The 2009 inaugural Aboriginal Health High School Internship program is now in its third year and will have employed 24 students through this program in three years.

Aboriginal support workers and a program coordinator were hired as part of the Aboriginal Health Transition Fund pilot project and have been sustained on a permanent basis.

As part of Central's regional general orientation, all new employees are introduced to cultural diversity focusing on multicultural awareness, recognizing the unique health needs that arise in diverse communities. As well, 712 staff attended respectful workplace education sessions in 2010-11. Diversity awareness continues to be a core competency in the Performance Appraisal program.

In 2010, an "Honouring all Cultures" workshop was facilitated at the Portage District General Hospital, with 20 managers and front line staff attending.
As well, "Walk a Mile in my Moccasins" a two-day Aboriginal Cross Cultural Awareness Workshop was piloted in 2011. The pilot was highly successful with a total of 40 RHA Central staff participating. The workshop will be offered twice annually until all staff members have had the opportunity to attend.

A first year graduate student from the University of Lethbridge under the tutelage of Dr. Judith Kulig completing her Master's degree in Individualized Multidisciplinary Studies focusing on both public health and anthropology is conducting fieldwork research in the southern area of RHA Central. The topic of the research project is "Medical Encounters in Closed Religious Communities: Palliative Care for Mennonite People".

A Sustainable, Secure and Stable Information Technology Infrastructure that will Provide the Foundation for the Electronic Health Record, Administrative Support Applications, Telehealth and Information Management Systems

Health care system integration continued to evolve in RHA Central with the positive advancement of technology-based Electronic Health Record systems:

- Improving the management of patient information, a regional Electronic Medical Record (EMR) and database was implemented in RHA-operated physician clinics of Gladstone, Manitou, Notre Dame and St. Claude.
- eChart Manitoba was successfully deployed to the Notre Dame de Lourdes Hospital and Clinic in December 2010. Bringing together patient health information into one central viewer-based system, eChart improves access to patient information currently available in disparate systems. This system was also implemented at CW Wiebe Medical Centre in Winkler.
- Completion of Operating Room (OR) Scheduling Project was the first step towards the future realization of a Surgical Information Management System (SIMS) to automate and link regional OR scheduling processes for the four regional surgical sites in RHA Central.
- RHA Central is the first region to implement and operationalize the Provincial Home Care Scheduling Project (Procura), to provide a standardized, consistent client/staff scheduling system that verifies home visits and allows for reporting of the time spent providing services, to a payroll system.
- The region entered into a new contract to provide copy, print, scan and fax services. As part of the initiative, the total number of devices across the region was reduced by more than 50% and the overall yearly cost was reduced by 25%. The updated equipment has allowed for increased functionality, enhanced quality, better understanding of usage. This positioned the region for further efficiency gains and functionality enhancements over the next five years.
- Approximately $250,000 was invested into upgrading virtual server and backup hardware in the region's primary data centre. The increased backup capacity will help to protect and secure the region's electronic administrative and health-related data. The virtual server upgrade allowed for the replacement of a significant amount of end-of-life equipment and created capacity for expansion over the next three years.
- The replacement of 140 desktops and 30 laptops of the region's 950 total workstations took place in 2010-11. The workstations were considered end-of-life and showing signs of failure. An additional 50 new workstations were deployed as part of various Electronic Health Record initiatives.
- After a comprehensive analysis of storage space within the region, off-site storage for records has been secured at a third party company known as Iron Mountain. RHA Central has partnered with the WRHA in their contract and this alliance has afforded significant cost savings for our region. In addition, one-time funding allowed for the destruction of time-lapsed records which will decrease off-site storage needs.
- The Regional Program Directors for Acute, Seniors/Palliative Care, and Health Information completed a project to standardize the patient/resident chart order across the region. This standardization also included the development of a guideline for appropriate thinning of client records within the clinical areas. This initiative was a result of a Long Term Care Standards Review recommendation. Chart tabs were replaced within all acute, transitional and long term care sites in June 2011.

> In 2010, RHA Central responded to a total of
> **50**
> Freedom of Information & Protection of Privacy requests

> Average # of monthly visits to RHA Central Website
>
> | | |
> |---|---|
> | **2008-09** | 5,050 |
> | **2009-10** | 8,249 |
> | **2010-11** | 8,816 |

Access to the most appropriate care in the most appropriate settings

Strategic Priorities

1. **Culturally sensitive health care in RHA Central**
2. **Timely and effective access to care**
3. **Collaboration across jurisdictions**
4. **Client satisfaction**
5. **Community engagement and partnership**

Performance Results

Discussions with the community during the CHA process revealed that accessibility to health services is important to people in Central Region. There are many dimensions of access relating to cultural beliefs, linguistic barriers, degree of trust in the system, and differing viewpoints regarding responsibilities and jurisdictional issues. RHA Central will continue to plan and build capacity for improved access through strong collaboration with community partners.

> Since 2005, we have had a net gain of 24 **physicians** in the region, making this close to a 20% **increase**

Access and Satisfaction with Care for Cancer Patients[2]

Accessing the Cancer System

A new measure that is being reported by CancerCare Manitoba is the percentage of patients who are diagnosed at late stage cancer (stage IV). This is an important measure as the earlier a cancer is detected, the better the prognosis is for the patient.

- Among RHA Central residents, almost one in five (19.8%) are diagnosed at late stage. This is almost identical to the provincial rate of 19.7%.
- Late stage diagnoses rates are available for the following:
  - Lung cancer - Central is 41.4% which is almost identical to Manitoba at 41.7%.
  - Colorectal cancer - Central is 15.2% compared to the Manitoba rate of 20.5%.
  - Female breast cancer - Central is 7.5% compared to the provincial average of 5.6%.
  - Prostate cancer - Central is 18.2% compared to the provincial average of 11.8%.
- Although the rates for Central appear to be different from the provincial averages in some cases, no differences are statistically significant.

2 Unless otherwise stated, the source for all cancer data is the CancerCare Manitoba 2010 Community Health Assessment which is available at: http://www.cancercare.mb.ca/resource/File/communications/CCMB_2010_CHA-Report.pdf

RHA Central Total Volume Surgery (2007-2011)

2007-08	**5,697**
2008-09	**5,919**
2009-10	**7,095**
2010-11	**7,774**

Accessing the Cancer System - Wait Times for Assessment and Treatment

- The median waiting time (in days) for women (age 50-69) from screening by mammogram to final diagnosis is 24.5 days for RHA Central women; this is slightly lower than the provincial average of 26.0 days.
- 96.9% of RHA Central cancer patients were treated with radiation therapy within four weeks of being ready for treatment. This is similar to the provincial average of 97.1%.

Accessing the Cancer System - Treatment

- 56.9% of RHA Central cancer patients are treated with surgery which is very similar to the provincial average of 54.9%.
- 30.4% of RHA Central cancer patients are treated with radiation therapy which is almost identical to the provincial rate of 30.3%.
- By cancer type, systemic therapy rates are:
  - Lung cancer - Central is 28.7% compared to Manitoba at 25.4%.
  - Colorectal cancer - Central is 22.9% compared to Manitoba at 30.1%.
  - Female breast cancer - Central is 76.4% compared to the provincial rate of 74.6%.
  - Prostate cancer - Central is 39.7% compared to the provincial rate of 30.1%.

Patient Satisfaction with Care for Cancer

- 93.8% of RHA Central patients indicated that they were satisfied with outpatient care for cancer compared to the Manitoba average of 95.4%.
- 53.3% of RHA Central patients indicated that they were satisfied with the emotional support they received compared to the provincial average of 46.9%.
- 85.4% of RHA Central cancer patients who experienced pain indicated that they felt the staff did everything they could to control pain or discomfort. This is statistically higher than the provincial average of 69.7%.

High Profile Procedures

- The rates for hip replacement among RHA Central residents (regardless of where they receive the service) age 20 and older between 2001-02 and 2008-09 have varied over time but overall there appears to be a trend towards an increase in rates. The most recent rate for the region of 118 hip replacements per 100,000 residents age 20 and older is almost the same as the provincial average at 116 per 100,000.
- Knee replacements among RHA Central residents (regardless of where they receive the service) age 20 and older show a very clear increase in rates over time. Among RHA Central residents, the rate has increased from 108.5 knee replacements per 100,000 residents age 20 older in 2000-01 to 197 per 100,000 in 2008-09. As with hip replacements, the most recent regional rate is almost identical to the provincial rate of 199 per 100,000 residents age 20 and older.

Wait Times for Selected Services 2010-11 Reported

Wait times are within the provincial guideline as per provincial or national benchmarks. Waiting for colonoscopies varies from one month to 9 months depending on the surgical site. Offering additional scope days within Boundary Trails Health Centre has slightly improved wait times for scopes. Additional physician resources are being reviewed and are in process to address access for endoscopies.

Some surgical and all diagnostic wait times are available on the Manitoba Health site at: http://www.gov.mb.ca/health/waittime/index.html

RHA Central Emergency Room Volume Increase *(excluding ambulatory care)*

2007-08	**51,844**
2008-09	**68,530**
2009-10	**72,015**
2010-11	**73,449**

Physician Access and Contacts

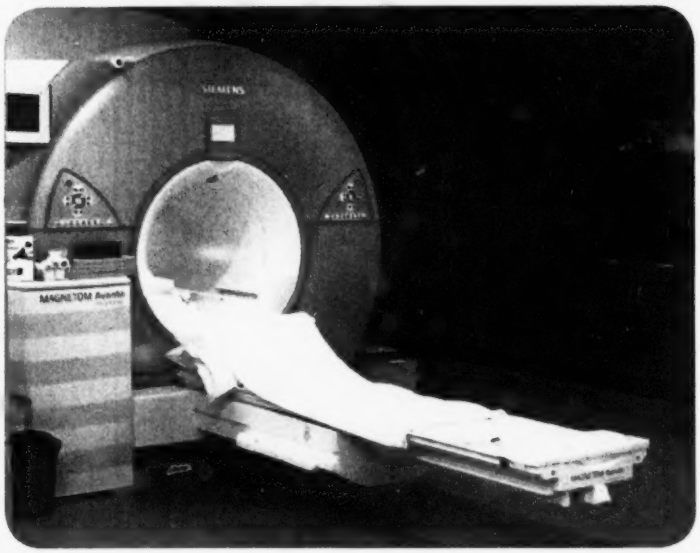
- 87.7% of Central Region residents indicate that they have a regular medical doctor compared to 85.6% of Manitobans.
- 73.1% of Central Region residents indicate that they have had contact with a medical doctor in the past twelve months compared to 81.4% of Manitobans.
- **Table 7** shows the self-reported rates of residents who have a medical doctor. For Central Region residents, there has been a slight increase, from 83.6 to 87.7% of residents who have a medical doctor.
- The rate of contact with a medical doctor has also remained relatively stable with the 2009 rate of 73.1% being very similar to the 2003 rate of 74.9%.
- While more Central Region residents indicate that they have a medical doctor, compared to Manitobans or Canadians, they are slightly less likely to see that doctor. This may be a result of good health and less need to see the doctor or it may be a result of inability to access their physician.
- The rate of family physicians per 100,000 residents as of December 31, 2008 for RHA Central is 85.0 family physicians which is similar to most other regions. The rate has increased from 69.0 per 100,000 in 2000-01 to 85.0 per 100,000 in 2008-09. Over time, the specialist rate in RHA Central has increased from 12.0 per 100,000 residents in 2000-01 to 15.0 per 100,000 in 2008-09.

Table 6. Residents who have a medical doctor (self-reported), 2003-2009.

	2003	2005	2007	2008	2009
Central	83.6%	84.2%	84.8%	86.8%	87.7%
Manitoba	83.8%	84.0%	84.6%	83.1%	81.4%
Canada	85.9%	85.7%	84.9%	84.4%	84.9%
Peer Group D	86.2%	85.0%	84.6%	84.3%	85.0%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008, 2009.
Note: Includes residents living off-reserve only.

MRI scanner at Boundary Trails Health Centre



2010-11 Expected Results and Achievements

Health Services Contact Information

Finding contact information for program and service sites in Central Region can be accessed online at www.rha-central.mb.ca or in the Manitoba Telephone Directory.

Providing Care in Appropriate Settings

Since the implementation of the Care While Awaiting Personal Care Home Placement policy in 2009, 63 clients have been transferred from Boundary Trails Health Centre to wait placement at other acute and transitional sites.

The Teen Clinic in Portage la Prairie is operational with demand increasing. Total number of visits in 2010-11 was 1,233. The nurse practioner continues to work two days a week seeing youth at the Teen Clinic located within the high school.

Improving Accessibility

A new EMS building (Station 14) was officially opened in Altona on May 18, 2010 by Health Minister Theresa Oswald as part of Emergency Medical Services Awareness week. The $700,000 "green" project was complete with geothermal heating and cooling and a special ventilation system to remove diesel particles from the building when ambulances start up. Having a station in Altona allows more efficient geo-posting, the system used by ambulance dispatchers to ensure that the widespread geographic areas of RHA Central have adequate ambulance coverage.

Health Minister Theresa Oswald announced a new Tabor Home with an increase in Personal Care Home beds and the introduction of supportive-housing units to provide a safe living environment for more seniors in Morden. A total of 100 units will replace the current 60-bed Tabor Home facility.

In 2010, Health Minister Theresa Oswald announced that a new 10-bed hospital will be constructed in Notre Dame de Lourdes. Along with outpatient, obstetrics, acute care and diagnostic services, the new facility will provide emergency services in a modern emergency department. The new hospital will be located adjacent to the Foyer Notre Dame Personal Care Home and the Centre Albert-Galliot Wellness and Primary Care Centre, forming a health and wellness campus with integrated hospital and community-health services in a one-stop shop. As a designated bilingual site, it will continue to offer care in both French and English and provide opportunities for bilingual residencies for medical students.

Developed by an interdisciplinary team of nurses, physicians, diagnostics, physio and occupational therapists and administration,

lumbar spinal surgery was implemented within the Ortho Joint Replacement Program at Boundary Trails Health Centre. This allows patients access closer to home for limited spinal surgical needs.

A dental surgery program was re-located from Boundary Trails Health Centre and implemented at the Altona Health Centre. This has increased capacity for other surgeries in other regional operating rooms (OR)s. The implementation of the dental surgery program also gives staff an opportunity to increase the scope of their practice.

Funding was received from Manitoba Health for enhanced operating room (OR) and emergency department (ED) services at the Portage District General Hospital.

Advanced Access has been implemented by physicians at various clinics throughout RHA Central. One example is St. Claude where St. Claude physicians were able to provide same day appointments in their clinic. Clients are now able to see their family physician in a timely fashion and the clinic is able to take on new clients. Staff feel satisfied with their workday and their ability to provide care.

To enhance ambulance coverage and improve staff work/life balance, schedules in EMS Stations 4 (Swan Lake) and 5 (Notre Dame) were redesigned to ensure that one or the other ambulance was always on duty. Since the change, EMS in the Region has been able to maintain our response benchmark of getting to 90% of calls within 30 minutes.

To further advance the French language services delivery, a series of three sessions on diabetes was offered to francophone communities across Manitoba via Telehealth. In 2010-11, 82 persons benefited from the "Learnings", an increase in participants from 2009-10 with 54 participants.

Central Region's continued role on a provincial scale relative to many initiatives including the orthopedic progam at Boundary Trails Health Centre and a comprehensive diagnostics program at both our regional centres has resulted in an increase from out-of-region cases receiving treatment in RHA Central. For example, 57% of the fractured hip orthopedic trauma is now from other locations across Manitoba and south eastern Saskatchewan.

An action plan to deliver Get Better Together, a program to support people with chronic diseases in each area of the region three times a year was developed. Eight leaders have been trained. Get Better Together programs ran in Portage la Prairie, Carman, Plumas, Austin and Altona. Capacity for Get Better Together is increasing, as is enrolment in Telecare Manitoba. The telephone-based program is targeted to persons with limited access to chronic disease management services and supports. Patients are contacted by health care providers to assess the patient's health, monitor any symptoms or problems, and provide education and tools for patients to better manage their own health.

The multi-agency Children's Therapy Initiative – Central Region (CTI-C), continues to provide therapy services in a variety of settings including: outpatient pre-school appointments, daycares, schools, home visits, and pre-school screens in the communities throughout Central Region. Special initiatives continue to be the provision of group therapy sessions – "How Does Your Engine Run (HDYER)" designed to address both the direct treatment of the child and provide education to the parents/careproviders. This program is especially effective as it provides "hands-on learning" in a group setting to the child and their caregiver.

Wait lists continue to remain high in all service areas in Children's Therapy Service. CTI-C therapists continue to partner with various communities in the region to offer pre-school screens. These clinics are a very valuable connection to the communities as they assist families to identify when their child may require therapy intervention, and also to provide them with suggestions/education/resources to enhance their child's development.

> As of June 1, 2010, **4,041** residents of our region lived on reserve (3.8% of all residents).
>
> This number has increased by 11.2% since 2004 when **3,635** residents lived on reserve.
>
> The population structure of First Nations residents is very much a pyramid shape with a large proportion of the population being young and very small numbers of residents in the older age groups.

Métis Population

- The self-declared Métis population in RHA Central was 4,558 in 2010 or 4.5% of the total population of the region.
- The premature mortality rate (PMR) for Métis was found to be statistically significantly higher than non-Métis in RHA Central. The rate for Métis was 4.6 per 1,000 and 2.8 per 1,000 for non-Métis.
- The female life expectancy for Métis living in RHA Central was 79.2 years in 2010 which was statistically significantly lower than life expectancy among the non-Métis female population of 83.6 years. Similarly, for males the life expectancy of males (73.8 years) was much lower than the non-Métis male population of 77.6 years.
- For all other population health and mortality indicators, Métis in Central were found to have higher rates than non-Métis in the region including for injuries, suicide, and mortality rates for those with mental illnesses although the differences were not considered statistically significant. The good news was that regional rates for Métis in RHA Central were slightly lower than the Manitoba average for Métis in suicides and injury mortality.

Increasing Cultural Awareness

The Aboriginal Health program is now a permanent program with staff including a coordinator and two full-time Aboriginal support workers. Sixteen community forums were coordinated in the Aboriginal communities situated within RHA Central's North Area.

Aboriginal patient requests for cultural services are increasing in Central Region. For example at the Portrage District General Hospital, clients are requesting smudging ceremonies and facilitation for traditional healers. In collaboration with numerous RHA staff and First Nation Community Elders, Aboriginal Health Program services are filling these requests as needed. Aboriginal Health Program services have started to offer cultural awareness teachings for staff about the differences in culture and have established a communication and navigation pathway across jurisdictions.

A Community Health Assessment companion document "Francophones in Central Region: As healthy as can be?" was released in 2010 to gather and synthesize information about the health of Francophones in Central Region, to provide a context for greater understanding of the community in planning and program development and to present some of the community and stakeholder reflections about their health matters.

A five-year French Language Services (FLS) Strategic Plan (2011–2016) to provide a long-term framework for meeting the health needs and priorities of the francophone community of Central Region was completed in accordance with the French Language Services Regulation under the Regional Health Authorities Act.

Approximately 35 participants attended a FLS awareness workshop held in 2010 with presentations from the Francophone Affairs Secretariat, *Conseil communauté en santé*, and *Spontanum*.

As a designated bilingual region and in accordance with the Manitoba Government French Language Services policy, RHA Central is obligated to provide access to bilingual health care services within but not limited to designated bilingual areas. Collaboratively between the French Language Services Unit and each of the programs and sites, 235 designated bilingual positions were identified within RHA Central. The reporting mechanism is maintained and monitored annually through the Board's Dashboard Reporting structure.

Dr. Judith Kulig, RN DScN and Ms. LingLing Fan, Research Assistant from the University of Lethbridge presented an update on the research project findings related to Understanding Death & Dying among Low German-speaking Mennonites: Implications to Best Practice Guidelines in Central Region. The sessions were attended by 88 members of the health care team and spiritual care providers.

RHA Central is working with the Manitoba Metis Federation on a knowledge translation project. A small working group from the RHA are meeting with the Manitoba Metis Federation Health and Wellness Department to better understand the health status of Métis people in Central Region and to look specifically at how we can better work together on chronic disease prevention and care.

Focusing on Partnerships

Having secured funding through the Healthy Communities envelope with the RHA Central, the *Table de concertation régionale du Centre* has undertaken a Smoking Prevention and Follow-up project for the francophone communities of Notre Dame de Lourdes, St. Claude, St. Jean Baptiste, and with standing invitation to the community of Somerset.

The Healthy Communities Conference was held in Morden in 2010 with a focus on youth mentorship.

Healthy living facilitators worked with communities on grants for healthy living and chronic disease prevention. Communities engaged in working on a primary prevention initiative include: Altona, Carman, Emerson, Headingley, Langruth, Gladstone, MacGregor, Manitou, Morden, Morris, Notre Dame de Lourdes, Pilot Mound, Portage la

Prairie, St. Jean Baptiste, St. Claude, Sandy Bay and Winkler.

At the Canadian Mental Health Association event, individual, family and community 'Heroes of Mental Illness' were honoured with a luncheon and awards. It was a very heart warming and touching event as individual stories of achievement and success were shared together with stories of support from family members and community supporters. Congratulations go to each and every worthy recipient!

Thirteen staff members particpated in French language training in 2010-11 to improve their proficiency in French. Additionally, the *Conseil communauté en santé du Manitoba* (CCS) offered a 4-day French Language Immersion Program at the Collège universitaire de Saint-Boniface resulting in one registration from Central.

The Regional Health Authorities of Assiniboine, Brandon and Central organized the fifth annual Camp Bridges, a weekend camp for bereaved children and teens at the Pembina Valley Bible Camp in Central Region on the weekend of May 28 -30, 2010. There were 39 campers and 27 volunteers in attendance. The Camp provides a safe, supportive and fun environment where grieving children and teens learn that they are not alone in their grief and feel free to share their thoughts and feelings with peers who are going through a similar experience.

Roseau River First Nation – Ginew Wellness Centre - health services managers were invited and attended the Safe Client Handling & Injury Prevention Program (SCHIPP) Key Leader Training as a shared learning opportunity for them to explore options to support safe client handling and injury prevention for their community health care providers.

Health facilities in Morris have been engaged in multiple high school internship programs. As well, the Aboriginal High School Internship Program was introduced to Morris and Emerson in partnership with Roseau River First Nation. This program participants completed Phase I.

Carman has identified the recruitment of physicians as a top priority in the community. The existing system evolved to the creation of a new Health Centre Community Board.

Carman held a five-week Police Academy in early 2010. The sessions included information on internet scams, frauds, elder abuse, medication safety, power of attorneys/wills and emergency preparedness. Community representatives were guest speakers – hoping to bridge relationships with the community.

Continued partnerships with various Foundations and Auxiliaries who made significant donations in Central Region enabled the purchase of needed equipment and supplies. Some projects result from long-term planning and lengthier processes, while others happen when there's an immediate need for something to be replaced or added. There are many examples of how they have stepped up to the plate and made major contributions.

The Spiritual Care program continues to receive tremendous support from community. Spiritual care providers are a dynamic part of the RHA Central Health Care Team. The Spiritual Health Care Advisory Committee along with provincial spiritual care resources, assists the RHA Central with the development of a regional spiritual health delivery model and the development of standards, by recommending educational options and facilitating communication regarding spiritual health.

The RHA has been instrumental in assisting the Board of Ebenezer Home in pursuing 24/7 Supervised Living. Establishing Supervised Living in this area will help alleviate some of the pressure and allow clients to stay in Ebenezer Home longer.

A sustainable, safe and integrated client-centred health care system

Strategic Priorities

1. **A culture of safety throughout RHA Central**
2. **Quality health care in RHA Central**
3. **Organization-wide accountability**
4. **Continuity of care**

Performance Results

People in Central Region are familiar with the RHA Central's core values of Integrity, Caring and Excellence. The community expects that, above all, the RHA Central will consistently lead the way in establishing and providing high standards of care using evidence-informed practices. People who seek care are indeed entitled to a sustainable, safe and integrated client-centred health care system.

Hospital Separations

- The total hospital separation rate for Central Region residents is 110.8 per 1,000 residents which is higher than the provincial rate of 96.6 per 1,000. In the region, these separations accounted for 946 acute care days per 1,000 residents.
- Within the region, acute care rates are higher among First Nation residents (259.8 hospital separations per 1,000 residents) compared to non-First Nation residents (105.1 hospital separations per 1,000 residents).
- First Nation residents of Central Region also required more days in hospital than non-First Nation residents at 1,135 acute care days per 1,000 First Nation residents compared to 817.8 per 1,000 non-First Nation residents.

Leading Causes of Hospitalization for Central Region Residents

- While pregnancy and childbirth represented the most hospital separations among RHA Central residents, it was only ranked 11th in terms of number of hospital days by cause.
- Mental and behavioural disorders, on the other hand, was only ranked 11th in terms of the number of separations by cause but mental health patients were 3rd in terms of number of hospital days used. This suggests that mental illnesses that result in hospitalization are serious and can require lengthy stays in hospital.

Table 7. Health System Performance.

	RHA Central	Manitoba
Ambulatory care sensitive conditions admission rate[3]	371 per 100,000	342 per 100,000
Caesarean section rate	19.2%	20.2%
Hospitalized hip fracture event (rate of new hospitalizations for hip fracture)	496 per 100,000	536 per 100,000
In-hospital hip fracture (hip fracture that occurs while admitted to an acute care facility	suppressed	1.1%
30-day acute myocardial infarction in-hospital mortality (death that occurs in hospital within 30 days of admission for AMI but death can be due to any cause)	10.7%	7.8%
30-day stroke in-hospital mortality (death that occurs in hospital within 30 days of admission for stroke but death can be due to any cause)	17.5%	17.3%
Acute myocardial infarction readmission rate	4.7%	5.1%
Asthma readmission rate	suppressed	7.2%

Source: CIHI 2010 Health Indicator Report accessed at: http://secure.cihi.ca/cihiweb/products/Healthindicators2010_en.pdf

Effectiveness of Care

Table 7 presents some key indicators of health system performance for RHA Central compared to Manitoba. There are no statistically significant differences between RHA Central rates and the provincial comparison rates.

Montcalm Health Centre, St. Jean Baptiste

3 Examples of ambulatory care sensitive conditions include asthma, diabetes and some mental illnesses. These diseases, if managed appropriately - with support by the physician and compliance by the patient - at the community level should not result in persons becoming so ill that they require hospitalization. While there is not yet a level of utilization which is ideal, it is assumed that a high rate is presumed to reflect problems in obtaining access to primary care.

2010-2011 Expected Results and Achievements

Being Prepared for and Responding to Significant Events and Disasters

RHA Central North
Seven Regions Health
Centre, Gladstone

In the spring 2011, RHA Central's Regional Operation Centre (ROC) planning group was once again put into alert mode in readiness for the potential evacuation of approximately 80 patients and residents who were at risk in the Red River Valley. While evacuation was eventually not required, the initial exercise warranted much planning, diligent and detailed work and a lot of adjustments and flexibility with respect to adjustments in health service delivery. At the end of 2010-11 fiscal year, flood forecasts were affecting the south-eastern and north-western areas of Central Region. After a seven-day evacuation due to flooding concerns and rising water levels of the Whitemud River, the Seven Regions Health Centre was finally cleared for re-entry. The evacuation/re-entry was successfully managed without incident in a short timeframe.

At press time, spring storms and additional rain resulted in unprecedented flows of water on the Assiniboine River, affecting Portage la Prairie and surrounding areas in Central Region. With a "once-in-300-year event " on the Assiniboine, a controlled breach of a dike near Portage la Prairie was undertaken. As well, flood waters from the Assiniboine being channelled into Lake Manitoba via the Portage Diversion were impacting water levels at the south end of the lake. Showing great resolve and courage, staff continued to work to maintain and manage health service delivery in our region under severe and extenuating challenges.

RHA Central South
Pembina Border Crossing

With these events, RHA Central continues to learn and to make significant progress in its planning and mitigation efforts. The revised Regional Operations Centre (ROC) Manual has been updated and the following additional measures were undertaken:

- Work on a mass notification system for the Region has taken place.
- Weather radios received from Manitoba Health were delivered to all facilities throughout the Region where reception was available.
- Development of an educational section of the Regional Code Green (evacuation) document. This has been placed on the Disaster Management web site.
- There is inclusion of a section on Pandemic Response in the Regional Operation Centre manual.
- During the year, participation in table top and facility mock exercises also continued.

Quality Care and Meeting Standards

Accreditation Canada (AC) provided feedback to Central Region on its responses to 2009 Accreditation Survey. AC acknowledges the region's ongoing efforts and dedication to the provision of safe, quality health services. Significant progress has been made in responding to the accreditation standards. This includes areas related to infection prevention and control, pharmacy services and meeting patient safety practices such as infusion pump training. As a result of this progress, the region maintained its accreditation status and is currently preparing for the survey in 2012.

In 2010, 28 participants from RHA Central and 22 participants from 8 other regional health authorities attended the Central Service Association of Ontario (C.S.A.O.) Medical Device Reprocessing Techniques course delivered in RHA Central. The C.S.A.O., an approved accredited course, provides information to support Central Sterile Reprocessing (CSR) staff members in their work in the field of reprocessing. CSR staff require indepth understanding of the principles of decontamination, assembly and sterilization to function effectively to reduce risk to themselves and the patients. They need to have a basis for critical decision-making when incidents occur.

The region's commitment to ethics is rooted in its core values of Integrity, Caring and Excellence. Health Ethics Week was held March 7-13, 2011 with the theme "Doing the Right Thing" giving the opportunity to further understand the objectives of the regional ethics team and to participate in upcoming education sessions on ethics

across the region. The Eden Health Care Services Ethics Committee has completed its first full year of addressing clinical ethical questions in psychiatry.

Salem Home Inc. continued development of the Relationship-Centered Model of Care with the introduction of QUIS-EH-O Measurement Tool to determine the residents "lived" experience. Staff were hand-selected and trained to use the measurement tool. The acronym stands for:

- QUIS – Quality of Life Interactions with staff
- EH – Environmental Health
- O – Organizational Health

Recommendations from the original QUIS-EH-O measurement are being implemented to improve residents' experiences living in a Personal Care Home.

Substantial work continues to be done to renew and update RHA Central policies and procedures with a comprehensive bank made available on the region's intranet for staff to access the most recent versions.

Manitoba Health Personal Care Home Standards Review recently reported the following:

- Central Region has 15 PCH's that have completed all three rounds of standards visits
- There has been marked improvements after each round
- On the last visit, eight PCH's met 100% of the standards being assessed
- 95% of the standards were met overall.

Building a Culture of Safety

An RHA Central working group was formed for conducting Root Cause Analysis (RCA) training. Root Cause Analysis is an analytical tool that can be used to conduct a comprehensive system-based review that can be used in a variety of situations. The process includes identifying root and contributing factors, identifying areas of risk, reduction strategies and developing action plans along with strategies to measure and evaluate the effectiveness of those plans. Four staff were trained through a provincial RCA workshop and now are conducting training sessions throughout the region. A total of 57 staff were trained including the 4 trainers, in Root Cause Analysis across the region in 2010. Dates are booked for the 2011-12 year for RCA training to continue.

In 2010, additional efforts were made to improve the critical incident, critical occurrence, occurrence and near miss policy, directing the actions of the staff when an incident occurs in our region. The language in the policy is now aligned with the language that is used by Manitoba Health. Staff were educated on the revisions to the policy. Through media and internet access, the public is becoming more knowledgeable about critical incidents. Media events such as the "Its Safe to Ask" campaign is making it acceptable to ask questions about the care that is received and when things don't go as expected, clients and families are encouraged to ask questions.

RHA Central Manitoba Inc. Board of Directors

Root Cause Analysis (RCA) Training

9/10 =90%
Directors of Health Services

14/28 =50%
Client Services Managers

9/21 =43%
Regional Directors

17
Other staff (VP's, educators, managers, general staff, etc.)

8
Staff from Affiliate Health Corporations

In recognition of Canadian Patient Safety Week, in the fall of 2010, nominations were accepted for a Patient/Client Safety Champion for each Area of the region. A Patient/Client Safety Champion is someone who consistently takes steps to promote client/patient safety to reduce risk and errors in the health care system.

Safe Client Handling Injury Prevention Program (SCHIPP) training sessions are ongoing across the region in the acute, long term and home care settings.

A Psychiatric Safety Training Program which ties into patient and staff safety has become functional across all Eden Health Care Services programs after two years of planning. Just over 80% of staff is now trained with a very positive response from all participants.

Opportunities for learning are shared with the Board and staff across the region through Safety Learning Summaries. Safety Learning Summaries are de-identified but provide enough information to stimulate learning while maintaining confidentiality. The Safety Learning Summary includes a de-identified synopsis of what happened, what the findings were and the recommendations that came out of the critical incident review. The Safety Learning Summaries are shared at staff meetings in an environment that fosters discussion and learning.

The discussion is a means to review opportunities to decrease risk in their areas. Safety Learning Summaries are tools to improve patient safety across the region.

Most safety and security projects completed in the region are funded by Manitoba Health. Total approvals in 2010-11 exceeded $2 million and included a chiller system, nurse call systems, roofing repairs, renovation of an outdated unit, emergency generator systems, a boiler replacement, a sprinkler system and other smaller projects.

RHA Central initiated a recall/alert policy/process enabling the region to send out alerts or recall notices in a consistent manner. It includes food/medication recalls, safety alerts, product and equipment recalls as well as notices for outbreaks. While the process captures what the region has done with alerts/recalls in the past, it provides a monitoring and risk-reduction approach to high-priority notifications.

Being Accountable

Personal Health Information Act (PHIA) Amendments were proclaimed in May 2010 and education across the region and continuum of care was completed. Follow up education opportunities were provided through various venues. For example, the second annual PHIA Day open to all privacy officers provided a greater level of education for those involved in the daily process of access and disclosure of personal health information. Additional PHIA policies have been amended and created and inserviced as it relates to privacy for electronic systems.

A significant increase in the number of Freedom of Information and Protection of Privacy Act (FIPPA) requests has been noted over the past year and appears to be a continuing trend. Annual totals ranging from six requests upon proclamation of the Act in 2004 to 18 requests in more recent years, have been surpassed recently. During the 2010 calendar year, a total of 50 FIPPA requests were responded to and the 2011 requests received to date annualized would realize an even higher total.

The Manitoba Patient Access Network (MPAN) offered RHAs an opportunity to partake in a process improvement training event called 'Pursuing Excellence'. Based on the Lean Six Sigma process, this experiential training experience provided participants with the skills and tools necessary to implement improvement projects in the Region. RHA Central participated in two projects, one dealing with client financial transactions and another with improved flow for ambulatory care clinic/scheduled visits. The second project is a combination of two projects each at the Boundary Trails Health Centre and at the Portage District General Hospital. Training teams returned to their work areas to apply what they learned over a 120-day project cycle. Results will be presented in late 2011.

First implemented in 2009-10, the Governance Dashboard, continues to assist the Board in its monitoring of progress in achievement against each of its Board ENDs and Strategic Priorities and to demonstrate compliance with Executive Limitations. A Financial Governance Dashboard was also developed to provide a consistent approach in reviewing performance targets.

Continuity of Care

Together with Eden Health Care Services and the Canadian Mental Health Association, RHA Central has begun developing a vision and goals for mental health. This requires building collaborative working relationships with many in the community to ensure that mental wellbeing can be attained in our schools, workplaces and our homes. Some examples of the innovative work happening in RHA Central is as follows:

1. Establishment of shared care clinicians in two of our medical clinics who both indicate that this has significantly improved the assessment and treatment of individuals with depression. We have already had interest expressed to expand this service model in other medical clinics.
2. Establishing housing supports for individuals with mental health disabilities through funding received from MB Housing and MB Health for implementing Community Wellness initiative and The Portable Housing Benefit. This assists individuals with mental health disability to receive support to enable them to maintain their housing. This is possible through funding received, as well as community partners such as Canadian Mental Health Association and Eden Health Care Services who deliver this service and work closely with MB Housing, Family Services and other community partners.
3. Seeking to embed recovery-oriented principles in the continuum of services we provide:
    a. Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing symptoms or problems.
    b. Recovery represents a movement away from focusing solely on pathology, illness and symptoms to health, strengths and wellness.
    c. Hope is central to recovery and can be enhanced by people discovering how they can have more active control over their lives and by seeing how others have found a way forward.

RHA Central has Continuity of Service agreements for EMS with all neighboring RHA's. If two of our ambulances are helping with a major incident in another region, we shift our resources geographically to fill the gap. The new station in Altona makes a solid base in this geo-posting network.

Physician Integrated Networks (PIN) clinics continue to develop in RHA Central with three PIN sites in the region: Agassiz Clinic, Altona Medical Clinic and CW Wiebe Medical Centre. The Regional Diabetes program working with CW Wiebe Medical Centre and other clinics to have RHA diabetes educators providing servie closer to the client's home. Co-location in the clinics allow diabetes educators to have timely access to the client's medical record through the clinic's EMR.

Regional Diabetes Program (RDP) team developed an Inpatient Diabetes Education Record and Resource binder. This resource will support staff as they work with clients with diabetes providing concise teaching

information on the basics of diabetes management.

Written protocols have been developed and are now implemented for transitions from preschool to school age. The Occupational Therapists within CTI-C continue to provide ongoing education to various school division staff as it relates to the concept of "Handwriting Without Tears", a handwriting program that uses a multi-sensory, developmental approach to teaching handwriting skills.

The RHA Central developed and rolled out a policy "Staff Communication at Client Transition" with accompanying SBAR (Situation-Background-Assessment-Recommendation) template for verbal and written communication.

The development of a seamless collaborative process between Eden Mental Health Centre inpatient and community programs facilitates more effective transitions for individuals moving between acute care and community services. Mental health liaison nurses at the Boundary Trails Health Centre and Portage District General Hospital assist to provide appropriate mental health assessments in these emergency rooms as well as providing consultation to emergency rooms across the region. This supports provision of appropriate assessment and treatment of individuals presenting with mental health issues in the emergency room as well as ensuring that individuals get connected to the correct resource be it a community mental health service, other social service agency, and if indicated, referral/admission to acute psychiatric facility.

As in other years, we were challenged to meet our equipment needs. Planned equipment purchases in the 2010-11 fiscal year focused on client and staff safety through the purchase of scope washers, washer/disinfectors, cardiac monitor/defibrillators, ceiling track lifts and electric beds. Numerous time-expired equipment was also replaced throughout the region, including an OR table, endoscopy equipment and other clinical and support equipment. Total equipment expenditures exceeded $1.6 million. An additional $700,000 of lab and imaging equipment was put into the region by Diagnostic Services of Manitoba. This included a new mobile C-Arm, an ultrasound machine and a multi-plate CR reader. Central is also fortunate to receive exceptional support from its many foundations and other supporting organizations through the donation of funds for equipment.

RHA Central Manitoba Inc. Board of Directors

Whistleblower Protection

Public Interest Disclosure - Bill 34 —
The Public Interest Disclosure - Bill 34 (Whistleblower Protection Act) gives employees and others a clear process for disclosing concerns about significant and serious wrongdoing in the Manitoba public service, and provides protection from reprisal. The act (Bill 34) is not intended to deal with routine operational or human resource matters. Employees who have concerns about such matters should follow existing procedures to deal with these issues. The law applies to employees and officers at all levels of provincial departments, Offices of the Legislative Assembly, and government bodies including Regional Health Authorities.

As per subsection 18 of the Act, and in terms of reporting procedures, the following is the Whistleblower Protection Report.

Whistle Blower Reporting Officer:
Jane Curtis

Reporting Period:
April 2009 – March 2010 &
April, 2010 - March 2011

Disclosures Received: Subsection 18(2a)

0 Received

There were no disclosures received from April 2009 to March 2010 therefore there was no action required.

0 Received

There were no disclusures received from April 2010 to March 2011 therefore there was no action required.

Investigations Commenced: Subsection 18(2b)

0 Commenced

There were no investigations commenced as a result of a disclosure.

Finding of Wrongdoing/Recommendations/Corrective Actions Taken: Subsection 19(2b)

0 Findings of Wrongdoing
0 Recommendations
0 Corrective Actions Taken

There were no disclosures received resulting in no investigations or findings of wrongdoing.

Numbers at a Glance 2010-11

OUTPATIENTS:

Outpatient Visits (emergency and ambulatory care clinic) =	86,282
Busiest Month in 2009/10 =	July 2010

SURGERIES:

Top Surgical Diagnosis for Inpatients =	Fracture of femur
Top Surgical Diagnosis for Day Surgery =	Screening for neoplasms
Same Day Surgeries =	70% of total surgeries
Elective orthopedic surgeries performed for clients outside RHA Central =	54.3%

BIRTHS:

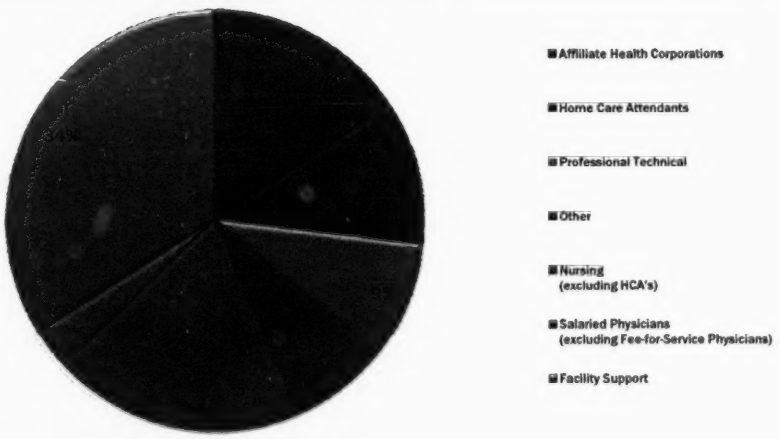
Newborn Admissions =	1,261
November 2010 had the Highest Number of Births in the Region (2010-11) =	132
August 2010 had the Lowest Number of Births in the Region (2010-11) =	80

MISCELLANEOUS:

Total Discharges (excluding newborns) =	9,482
Top Medical Diagnosis for Inpatients =	Chronic Obstructive Pulmonary Disease
Total Admissions to Long Term Care =	292
Ambulatory Care (Specialty) Clinics (anesthetic, cataract, general surgery, internal medicine, obstetrics/gynecology, orthopedic, ostomy, pediatrics) =	1,321 outpatient visits
Ambulatory Care (Other) Clinics (fetal assessment, preadmission, asthma) =	1,440 outpatient visits
Specialty Clinics in Rehabilitation Therapy (child development, psychiatry) =	121 outpatient visits

Total Number of Employees Including Affiliate Health Corporations as March 31, 2011 = 3,801

Figure 2 Workforce demographics, April 1, 2010 - March 31, 2011



RHA Central

Auditor's Report

Deloitte.

Deloitte & Touche LLP
360 Main Street
Suite 2300
Winnipeg MB R3C 3Z3
Canada

Tel: (204) 942-0051
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www.deloitte.ca

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Regional Health Authority – Central Manitoba Inc.

The accompanying summary consolidated financial statements, which comprise the consolidated statement of financial position as at March 31, 2011, and the consolidated statement of operations for the year then ended, are derived from the audited consolidated financial statements of Regional Health Authority – Central Manitoba Inc. for the year ended March 31, 2011. We expressed an unmodified audit opinion on those consolidated financial statements in our report dated June 29, 2011.

These summary consolidated financial statements do not contain all the disclosures required by Canadian Generally Accepted Accounting Standards. Reading the summary consolidated financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of Regional Health Authority – Central Manitoba Inc.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary audited consolidated financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summary consolidated financial statements derived from the audited consolidated financial statements of Regional Health Authority – Central Manitoba Inc. for the year ended March 31, 2011 are a fair summary of those consolidated financial statements.

Deloitte & Touche LLP

Chartered Accountants
Winnipeg, Manitoba
June 29, 2011

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

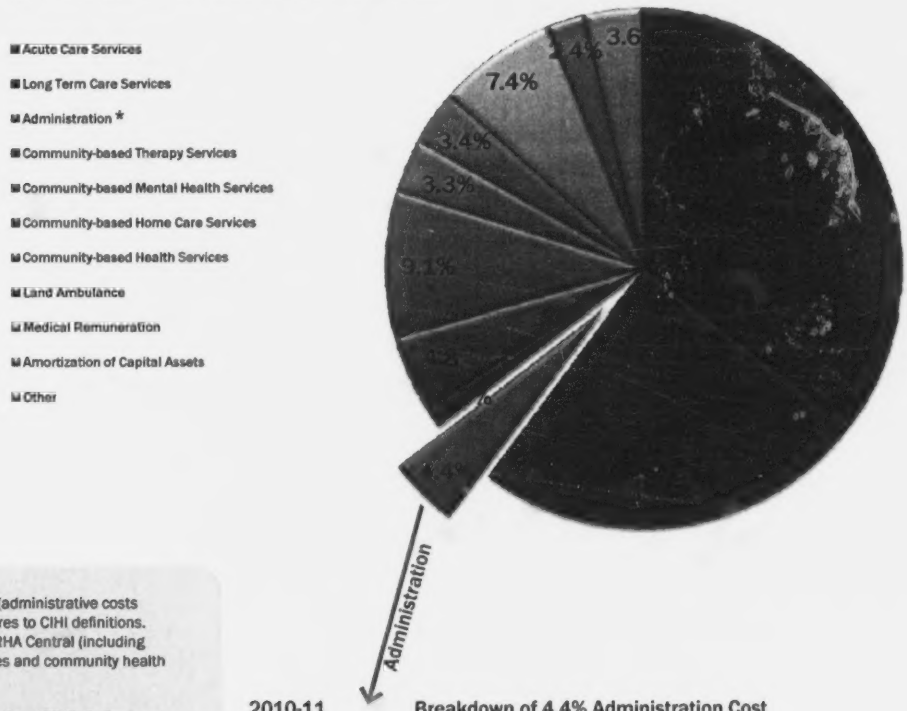
8 Using our Resources Wisely

Finances 2010-11

We take pride in managing what is entrusted to us and make great effort to apply available resources in the most effective and efficient manner possible.

Regional Health Authority – Central Manitoba Inc.

Expenditure Breakdown as at March 31, 2011



The **administrative cost percentage indicator** (administrative costs as a percentage of total operating costs) adheres to CIHI definitions. Administrative costs and percentages for the RHA Central (including hospitals, non-proprietary Personal Care Homes and community health agencies).

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The RHA Central adheres to these coding guidelines.

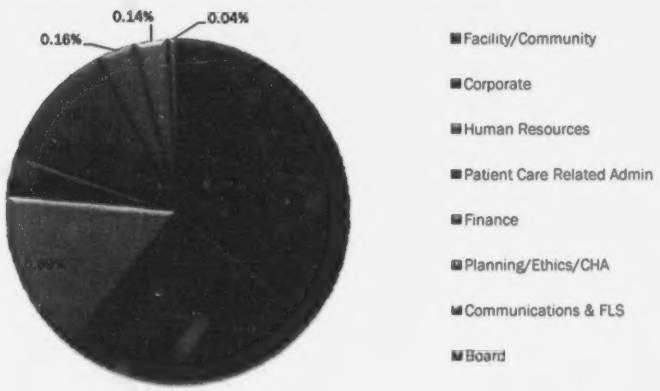
At the request of the Manitoba Health and Healthy Living, the presentation of administrative costs has been modified to include new categorizations in order to increase transparency in financial reporting. These categories and their inclusions are as follows:

*

	2009-10	2010-11
Corporate Operations	4.0%	3.51%
Patient Care Related Admin.	0.9%	0.17%
Human Resources/Recruitment		0.69%
TOTAL ADMIN %	4.9%	4.37%

Administration

2010-11 Breakdown of 4.4% Administration Cost



Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

Consolidated Statement of Financial Position

	2011	2010
ASSETS		
CURRENT		
Cash and short term investments	$ 28,630,351	$ 23,351,629
Accounts receivable, net	1,803,928	2,764,811
Accounts receivable - Manitoba Health	-	1,656,251
Inventories	1,262,746	1,226,408
Prepaid expenses	475,090	1,078,380
Due from Manitoba Health - vacation entitlements	7,775,928	7,775,928
	39,948,043	37,853,407
NON-CURRENT		
Due from Manitoba Health - pre-retirement entitlements	9,106,000	9,106,000
Capital assets	80,060,467	81,153,207
Other assets	119,414	202,585
	$ 129,233,924	$ 128,315,199
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	$ 11,819,122	$ 14,295,324
Accounts payable - Manitoba Health	1,068,119	-
Accrued vacation benefit entitlements	11,640,279	10,918,319
Current portion of long term debt	270,049	246,015
	24,797,569	25,459,658
NON CURRENT		
Accrued pre-retirement benefit entitlements	13,419,415	12,650,164
Long term debt	2,096,227	2,255,091
	15,515,642	14,905,255
DEFERRED CONTRIBUTIONS		
Expenses of future periods	3,961,247	3,454,978
Capital assets	75,260,885	76,526,264
	79,222,132	79,981,242
NET ASSETS		
Invested in capital assets	2,433,492	2,126,029
Affiliate Health Corporations	207,307	319,357
Internally restricted	77,548	232,397
Unrestricted	6,980,234	5,291,261
	9,698,581	7,969,044
	$ 129,233,924	$ 128,315,199

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

Consolidated Statement of Operations

	2011	2010
Revenue		
Manitoba Health	$ 186,849,878	$ 181,311,424
Other government departments	61,396	84,331
Non-global patient and resident income	13,647,063	13,552,290
Other income	6,356,256	6,407,757
Amortization of deferred contributions - expenses of future periods	2,688,664	2,982,893
Amortization of deferred contributions - capital and foundations	5,036,372	5,243,717
Interest and donations	322,544	110,987
Ancillary operations	2,683,267	2,537,448
	217,645,440	212,230,847
Expenses		
Acute care services	76,649,954	72,112,536
Long term care services	53,484,808	52,762,892
Medical remuneration	16,022,615	15,109,690
Community-based therapy services	2,728,417	2,637,680
Community-based mental health services	10,269,558	9,554,481
Community-based home care services	19,677,819	18,593,957
Community-based health services	7,182,417	7,299,939
Land ambulance	7,325,964	7,313,718
Regional Health Authority undistributed	12,548,182	12,254,122
Interest on long term debt	281,327	301,730
Pre-retirement leave	1,936,111	2,469,914
Amortization of capital assets	5,226,112	5,361,384
Major repairs	392,677	537,251
Ancillary operations	2,089,942	2,089,399
	215,815,903	208,398,693
EXCESS OF REVENUES OVER EXPENSES	$ 1,829,537	$ 3,832,154
ALLOCATION OF EXCESS OF REVENUE OVER EXPENSES		
Capital and donations to foundations	$ (582,417)	$ (654,918)
Interest and donations	322,544	110,987
Ancillary operations	593,325	448,049
Health care operations	1,496,085	3,928,036
	$ 1,829,537	$ 3,832,154

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Regional Health Authority – Central Manitoba Inc. by submitting a request letter to:

CHIEF EXECUTIVE OFFICER, REGIONAL HEALTH AUTHORITY – CENTRAL MANITOBA INC.
180 CENTENNAIRE DRIVE - SOUTHPORT MB R0H 1N0
TEL.: 1 800 RHA-6509 OR VISIT WWW.RHA-CENTRAL.MB.CA

9

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

Telephone Directory

180 Centennaire Drive / Southport MB R0H 1N0
www.rha-central.mb.ca

180, rue Centennaire / Southport MB R0H 1N0
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Contact Numbers/Numéros de contact

Toll Free Number/Numéro SOO	1 800 RHA-6509
Corporate Office/Bureau central - Southport	428-2720 tel
	428-2779 fax
Regional Office/Bureau régional - Morden	822-2650 tel
	822-2649 fax
Regional Office/Bureau régional - Notre Dame de Lourdes	248-7250 tel
	248-7255 fax
Health Links/Info Santé	1 888 315-9257
Medical Officer of Health/Médecin hygiéniste	428-2726
(after hours/après les heures normales)	788-8666
Mental Health Crisis Line - 24 Hours/Ligne d'intervention d'urgence en santé mentale (24 heures sur 24)	1 866 588-1697
Mental Health Programs/Programmes de santé mentale	1 888 310-4593
Midwifery/Sage-femmerie	1 866 831-4952
Public Health Inspector North/Inspecteur de la santé publique-nord	239-3187
Public Health Inspector South/Inspecteur de la santé publique-sud	822-2849/2851/2850
Travel Health-North/Santé en voyage-nord	239-2438
Travel Health-South/Santé en voyage-sud	331-8959

For your emergency medical services (ambulance), please refer to the MTS Directory for your service area./
Pour services d'urgence médicaux (ambulance), veuillez référer au répertoire MTS de votre communauté.

Health Care Facilities/Établissements de santé

Altona	
Altona Community Memorial Health Centre	324-6411
Eastview Place	324-8295
Carman	
Boyne Lodge	745-6715
Carman Memorial Hospital	745-2021
Crystal City	
* Rock Lake Health District Hospital	873-2132
Emerson	
Emerson Health Centre	373-2109
Gladstone	
Seven Regions Health Centre	385-2968
Third Crossing Manor	385-2474
MacGregor	
MacGregor Health Centre	685-2850
Manitou	
Pembina Manitou Health Centre	242-2744
Morden	
Boundary Trails Health Centre	331-8800
* Tabor Home Inc.	822-4848
Morris	
Morris General Hospital	746-2301
Red River Valley Lodge	746-2394
Notre Dame de Lourdes	
Foyer Notre-Dame	248-2092
Notre Dame Hospital	248-2112
Pilot Mound	
* Prairie View Lodge	825-2717
* Rock Lake Health District Personal Care Home	825-2246
Portage la Prairie	
Douglas Campbell Lodge	239-6006
Lions Prairie Manor	857-7864
Portage District General Hospital	239-2211
St. Claude	
St. Claude Health Centre	379-2211
St. Claude Pavilion	379-2585
Swan Lake	
Lorne Memorial Hospital	836-2132
Winkler	
Boundary Trails Health Centre	331-8800
* Eden Mental Health Centre	325-4325
* Salem Home Inc.	325-4316

Home Care/
Soins à domicile

Altona	324-6458
Carman	745-5579
Crystal City	873-3030
Gladstone	385-3050
MacGregor	685-5706
Manitou	242-2914
Morden	331-8841
Morris	746-7351
Notre Dame	248-2121
Portage la Prairie	239-2410
St. Claude	379-2585
St. Jean Baptiste	758-3031
Starbuck	735-3193
Winkler	331-8841

Public Health Units/
Unités de santé publique

Altona	324-2351
Carman	745-2426
Elie	353-2043
Gladstone	385-3137
MacGregor	685-5705
Manitou	242-3117
Morden	331-8841
Morris	746-7354
Pilot Mound	825-2466
Portage la Prairie	239-2408
Rosenort	746-8885
St. Claude	379-2585
St. Jean Baptiste	758-3031
Sanford	736-2388
Somerset	744-2073
Winkler	331-8841

Services to Seniors (grant funded)**/**
Services aux aînés (subvention financée)

Altona	324-1528
Carman	745-6611
Elie	353-2470
Gladstone	385-3026
Headingley	889-3132
Letellier	304-0551
Macdonald	735-3052
MacGregor	685-2083
Manitou	242-2744
Morden	822-5663
Morris	746-6336
Notre Dame	248-7293
Pilot Mound	825-2443
Plumas	386-2029
Portage la Prairie	239-1453
Swan Lake	836-2585
Winkler	325-8964

* Affiliate Health Corporations/*Corporations de santé affiliées*

We are making a difference.

An abridged copy of this report is available in French upon request from the Regional Health Authority - Central Manitoba Inc.

La version abrégée française du rapport annuel est disponible sur demande au bureau de l'Office régionale de la santé du Centre du Manitoba inc.

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

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